

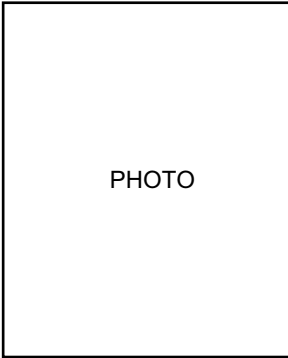
見本



青字 例

Application for Schengen Visa

This application form is free



1. Surname (Family name) (x) 姓 LI				For official use only			
2. Surname at birth (Former family name(s)) (x) 旧姓 LI				Date of application:			
3. First name(s) (Given name(s)) (x) 名 YING				Visa application number:			
4. Date of birth (day-month-year) 生年月日 日 月 年 08 DEC 1980		5. Place of birth 出生地(省、県) JILIN		7. Current nationality Nationality at birth, if different: 現国籍 CHINESE 出生時の国籍(現国籍と異なる場合)		Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
8. Sex 姓 <input checked="" type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性		9. Marital status 結婚状況 <input type="checkbox"/> Single 独身 <input checked="" type="checkbox"/> Married 結婚 <input type="checkbox"/> Separated 別居 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Widow(er) 死別 <input type="checkbox"/> Other (please specify) その他(詳細記入)				Name:	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian 未成年の場合: 親権者または法定後見人の姓名、国籍、住所(申請者と異なる場合)							
11. National identity number, where applicable 身分証明番号(所持する場合) NONE							
12. Type of travel document パスポートタイプ 一般 外交 サービス 公用 特別 <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify) その他(詳細記入)							
13. Number of travel document パスポート番号 GXXXXXXX		14. Date of issue 発行日 25 AUG 2010		15. Valid until 有効期限 24 AUG 2015		16. Issued by 発行機関 EMBASSY OF P.R.C. IN JAPAN	
17. Applicant's home address and e-mail address 申請者の現住所 & E-メール 1-2-3-301, NISHISHINJUKU, SHINJUKU-KU TOKYO, JAPAN / lkjlk@xxx.xx.xx				Telephone number(s) TEL 03-XXXX-XXXX			
18. Residence in a country other than the country of current nationality 現国籍と異なる国に居住していますか <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Residence permit or equivalent PERMANENT RESIDENCE RMXXXXXX Valid until 15 MAY 2015 YESの場合: 在留資格 在留資格番号 有効期限							
* 19. Current occupation 現在の職業 OFFICE CLERK							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. 在職者: 勤務先名・住所・TEL / 学生: 学校名・住所 / 主婦: NONE ESTRELLA CO., LTD. 1, NIHONBASHI, CHUO-KU, TOKYO, JAPAN TEL:03-XXXX-XXXX							
21. Main purpose(s) of the journey: 渡航目的 観光 商用 親族/知人訪問 文化活動 スポーツ <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit 公用 <input type="checkbox"/> Medical reasons 医療 <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify) 留学 乗り継ぎ 空港内乗り継ぎ その他(詳細記入)							
Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid From Until							
Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple							
Number of days:							

22. Member State(s) of destination 目的地 FRANCE	23. Member State of first entry FRANCE 最初に入国するシェンゲン協定加盟国名
24. Number of entries requested 希望入国回数 1回 2回 <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries 複数回	25. Duration of the intended stay or transit Indicate number of days 7-DAY 滞在予定日数または乗継に要する日数

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years 過去3年間でシェンゲンビザ取得したことがありますか <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to YESの場合：ビザの有効期限 発行日 有効期限	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa シェンゲンビザ申請時に以前指紋を採取されたことがありますか <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes YESの場合：日付 Date, if known	
28. Entry permit for the final country of destination, where applicable 最終目的国の入国許可 (取得している場合) Issued by NONE Valid from until 発行国 発行日 有効期間	
29. Intended date of arrival in the Schengen area シェンゲン協定加盟国への入国予定日 12 OCT 2011	30. Intended date of departure from the Schengen area シェンゲン協定加盟国からの出国予定日 18 OCT 2011
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) PARIS OPERA GARNIER シェンゲン協定加盟国の招聘者、ホテル名	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) 3 RUE DE L'ISLY, PARIS, 76000, FRANCE 招聘者またはホテルなどの住所&E-メール	TEL&FAX Telephone and telefax TEL: +33-14XXXXXXX FAX: +33-14XXXXXXX
* 32. Name and address of inviting company/organisation GEORGE INC. 8 RUE DE GREFFULHE, PARIS, 74050, FRANCE 業務：招聘企業/機関の企業名&住所	TEL&FAX Telephone and telefax of company/organisation TEL: +33-14XXXXXXX FAX: +33-14XXXXXXX
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation PAUL VERLAINE MR. : 8 RUE DE GREFFULHE, PARIS, 74050, FRANCE / TEL+33-14XXXXXX / FAX+33-14XXXXXX / E-MAIL xxx@xxx.xx.xx 担当者の姓名、住所、TEL、E-メール	
* 33. Cost of travelling and living during the applicant's stay is covered 滞在費用負担について	
<input checked="" type="checkbox"/> by the applicant himself/herself 本人負担 Means of support 支払方法 <input checked="" type="checkbox"/> Cash 現金 <input type="checkbox"/> Traveller's cheques トラベラーズチェック <input checked="" type="checkbox"/> Credit card クレジットカード <input type="checkbox"/> Prepaid accommodation 宿泊(支払い済み) <input type="checkbox"/> Prepaid transport 交通機関(支払い済み) <input type="checkbox"/> Other (please specify) その他(詳細記入)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify スポンサー負担 <input type="checkbox"/> referred to in field 31 or 32 # 31または32に記入 <input type="checkbox"/> other (please specify) # 31または32に記入 その他(詳細記入) Means of support 支払い方法 <input type="checkbox"/> Cash 現金 <input type="checkbox"/> Accommodation provided 宿泊 <input type="checkbox"/> All expenses covered during the stay 全滞在費用負担 <input type="checkbox"/> Prepaid transport 交通 <input type="checkbox"/> Other (please specify) その他(詳細記入)

業務の場合記入

34. Personal data of the family member who is an EU, EEA or CH citizen NONE EU加盟国、EEA加盟国、スイス国籍の家族がいる場合下記記入	
Surname 姓	First name(s) 名
Date of birth 生年月日	Nationality 国籍 パスポート番号または身分証明番号 Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen その方との関係 <input type="checkbox"/> spouse 配偶者 <input type="checkbox"/> child 子供 <input type="checkbox"/> grandchild 孫 <input type="checkbox"/> dependent ascendant 扶養専属	
36. Place and date 弊社記入	37. Signature (for minors, signature of parental authority/legal guardian) パスポートと同じサイン (未成年：親権者または法定後見人のサイン)

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No 24):
I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) ⁽¹⁾ for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: [...].

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [contact details] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date 弊社記入	Signature (for minors, signature of parental authority/legal guardian): パスポートと同じサイン (未成年者：親権者または法定後見人のサイン)
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⁽¹⁾ In so far as the VIS is operational.