

Harmonised application form

Application for Schengen Visa

This application form is free



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Family members of EU, EEA or CH citizens or of UK nationals who are beneficiaries of the EU-UK Withdrawal Agreement shall not fill in fields No 21, 22, 30, 31 and 32 (marked with *).

Fields 1–3 shall be filled in in accordance with the data in the travel document.

1. Surname (Family name): SOYİSİM			For official use only Date of application: Application number: Application lodged at: <input type="checkbox"/> Embassy/consulate Service <input type="checkbox"/> provider Commercial <input type="checkbox"/> intermediary Border (Name): Other: File handled by: Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation
2. Surname at birth (Former family name(s)): VARSA ÖNCEKİ SOYİSİM			
3. First name(s) (Given name(s)): ADINIZ			
4. Date of birth (day-month-year): DOĞUM TARİHİNİZ	5. Place of birth: DOĞUM YERİNİZ	7. Current nationality: TURKISH	
		Nationality at birth, if different:	
	6. Country of birth: DOĞUM ÜLKENİZ	Other nationalities:	
8. Sex: CİNSİYETİNİZ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	9. Civil status: MEDENİ HALİNİZ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify):		
10. Parental authority (in case of minors)/legal guardian (surname, first name, address, if different from applicant's, telephone No, email address, and nationality): 18 YAŞ ALTI ÇOCUKLAR İÇİN DOLDURULMALIDIR. ANNE VEYA BABA ADI-SOYADI YAZILMALIDIR			
11. National identity number, where applicable: TC KİMLİK NUMARANIZ			

¹ No logo is required for Norway, Iceland, Liechtenstein and Switzerland.

12. Type of travel document: SEYHAT BELGESİ (PASAPORT) CESİDİ <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):				<input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:	
13. Number of travel document: PASAPORT NUMARANIZ	13. Date of issue: GG.AA. YYYY PASAPORTUN VERİLDİĞİ TARİH	14. Valid until: GG.AA. YYYY PASAPORTUN GEÇERLİLİK TARİHİ	16. Issued by (country): PASAPORTUNUZU VEREN MAKAM (PASAPORUNUZUN FOTOĞRAFLI KISMINDA YAZMAKTADIR)		
17. Personal data of the family member who is an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable: BOŞ BIRAKINIZ					
Surname (Family name): BOŞ BIRAKINIZ		First name(s) (Given name(s)): BOŞ BIRAKINIZ			
Date of birth (day-month-year): BOŞ BIRAKINIZ		Nationality: BOŞ BIRAKINIZ	Number of travel document or ID card: BOŞ BIRAKINIZ		
18. Family relationship with an EU, EEA or CH citizen or a UK national who is a beneficiary of the EU-UK Withdrawal Agreement, if applicable: BOŞ BIRAKINIZ <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> registered partnership other: <input type="checkbox"/>					
19. Applicant's home address and email address: İKAMET ADRESİNİZİ VE MAİL ADRESİNİZİ YAZIN (MAİL ADRESİ KÜÇÜK HARFLERLE YAZILABİLİR)			Telephone no.: TELEFON NUMARANIZ		
17 20. Residence in a country other than the country of current nationality: UYRUĞUNA SAHİP OLDUĞUNUZ ÜLKEDE BAŞKA BİR ÜLKEDE MI YAŞIYORSUNUZ <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No. Valid until					
21. * Current occupation: ŞU ANKI MESLEĞİNİZ					
22. * Employer and employer's address and telephone number. For students, name and address of educational establishment: İŞ YERİ YA DA OKULUNUZUN ADI VE ADRESİ VE TELEFON NUMARASINI YAZINIZ					
23. Purpose(s) of the journey: SEYAHAT AMACINIZ <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 <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):					
24. Additional information on purpose of stay: TOURISM/VACATION					
25. Member State of main destination (and other Member States of destination, if applicable): GREECE			26. Member State of first entry: GREECE		
27. Number of entries requested: TALEP EDİLEN GİRİŞ SAYISI <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries Intended date of arrival of the first intended stay in the Schengen area: ADAYA GİDİŞ TARİHİNİZ Intended date of departure from the Schengen area after the first intended stay: ADADAN DÖNÜŞ TARİHİNİZ					

Visa decision:

-
- Refused
-
-
- Issued:
-
-
- A
-
- C
-
- LTV

Valid:

From:

Until:

Number of entries:

-
- 1
-
- 2
-
- Multiple
-
- Number of days:

28. Fingerprints collected previously for the purpose of applying for a Schengen visa: DAHA ÖNCEDEN YAPILAN SCHENGEN VİZESİ BASVURULARINDA PARMAK İZİ ALINDI MI? <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known _____ Number of the visa, if known _____	
29. Entry permit for the final country of destination, where applicable: BOŞ BIRAKINIZ Issued by _____ Valid from _____ until _____	
30. *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): KALACAĞINIZ OTELİN ADI / DAVET ÜZERİNE GİDİYORSANIZ DAVET EDEN EV SAHİBİNİN ADI VE SOYADI	
Address and email address of inviting person(s)/hotel(s)/temporary accommodation(s): KALINACAK YERİN ADRESİ VE MAİL ADRESİ	Telephone No: KALINACAK YERİN TELEFON NUMARASI
31. *Name and address of inviting company/organisation: BOŞ BIRAKINIZ	
Surname, first name, address, telephone No, and email address of contact person in company/organisation: BOŞ BIRAKINIZ	Telephone No of company/organisation: BOŞ BIRAKINIZ
32. *Cost of travelling and living during the applicant's stay is covered:	
<input checked="" type="checkbox"/> by the applicant <i>Means of support:</i> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheque <input checked="" type="checkbox"/> Credit card <input checked="" type="checkbox"/> Pre-paid accommodation <input checked="" type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify): _____	SPONSOR OLUNAN KİŞİ İÇİN BURAYI DOLDURUNUZ <input checked="" type="checkbox"/> by a sponsor (host, company, organisation), please specify: FATHER/ ALİ YILMAZ YADA MOTHER / AYŞE YILMAZ <input checked="" type="checkbox"/> referred to in field 30 or 31 <input type="checkbox"/> other (please specify): _____
	<i>Means of support:</i> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify): _____
33. Surname and first name of the person filling in the application form, if different from the applicant: BOŞ BIRAKINIZ	
Address and email address of the person filling in the application form: BOŞ BIRAKINIZ	Telephone No: BOŞ BIRAKINIZ

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

Applicable in case a multiple-entry visa is issued:

I am aware of the need to have 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 application; and any personal data concerning me which appear on the 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 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) 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 responsible for processing the data is: Ministry of Foreign Affairs, 1 Vas. Sofias Ave., 10671, Athens, Tel. +30 210 3681000, fax +30 210 3681717, www.mfa.gr, e-mail: g04@mfa.gr, st2@mfa.gr.

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 Member State concerned. The national supervisory authority, Hellenic Data Protection Authority, Kifisias str. 1-3, 1st floor, 11523, Athens, tel. +30 210 6475600, fax +30 210 6475628, e-mail: contact@dpa.gr 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 6(1) of Regulation (EU) 2016/399 (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: **İKAMET ETTİĞİNİZ İL VE İMZALADIĞINIZ TARİHİ YAZINIZ VE ISLAK İMZA ATINIZ !**

Signature of applicant:
(signature of parental authority/legal guardian, if applicable):
BOŞ BIRAKINIZ

Vize Başvuru Formu

Başvuru formu İngilizce-Yunanca olarak bulunan form doldurulmalıdır. Form İngilizce karakterlerle ve büyük harflerle doldurulmalıdır.

Başvuru formu maddelerini aşağıdaki madde numarası bakarak yanıtları her yolcu kendine göre doldurmalıdır.

Yanıtlar İngilizce Büyük harf ile yazılmalıdır

1. Soy İsim Pasaportunuzdaki soy adınızı BÜYÜK HARFLE yazınız.
2. Evlenmeden önceki soy adınızı yazınız. Değişmemişse veya yoksa boş bırakınız.
3. Ad Pasaportunuzdaki adınızı BÜYÜK HARFLE yazınız.
4. Doğum Tarihi GG-AA-YYYY formatında giriniz. Örnek: 15-03-1990
5. Doğum Yeri Doğduğunuz şehri/ilçeyi yazınız. Örnek: İSTANBUL
6. Doğum Ülkesi Doğduğunuz ülkeyi yazınız. Örnek: TURKEY
7. Mevcut Uyruk Şu anki uyruğunuzu yazınız. Örnek: TURKISH
7-b Doğumdaki Uyruk Doğduğunuzda farklı bir uyruğunuz varsa yazınız. Farklı değilse BOŞ bırakınız.
7-c Diğer Uyruklar Başka uyruğunuz yoksa BOŞ bırakınız.
8. Cinsiyet durumu belirtiniz
9. Medeni Durum SINGLE (Bekar) / MARRIED (Evli) / DIVORCED (Boşanmış) / WIDOW (Dul) / SEPARATED işaretleyiniz
10. Veli Bilgisi (ÇOCUK) Yalnızca ÇOCUK için doldurulur. Baba adı ve soy adı otomatik yazılır. YOLCU'da boş bırakılır.
11. TC Kimlik No TC kimlik numaranızı yazınız.
12. Pasaport Türü olarak Ordinary pasaport seçiniz standart bordro pasaportunu var ise.
13. Pasaport No Pasaportunuzun numarasını giriniz.
14. Verilme Tarihi Pasaportunuzun verilme tarihini GG-AA-YYYY formatında giriniz.
15. Geçerlilik Tarihi Pasaportunuzun son geçerlilik tarihini GG-AA-YYYY formatında giriniz.
16. Veren Makam / Ülke Pasaportunuzu veren ülkeyi yazınız. Örnek: TURKEY
17. AB Aile Üyesi AB vatandaşı aile üyeniz yoksa BOŞ bırakınız.
18. Boş Bırakınız.
19. Adres ve E-posta Ev adresinizi ve e-posta adresinizi giriniz.
Telefon Cep telefonu numaranızı giriniz. Örnek: +90 532 123 45 67
20. Yurt Dışı İkamet yok ise No işaretleyiniz
21. Meslek Mevcut mesleğinizi yazınız.
22. İşveren / Okul adı, adresi ve telefonunu yazınız.

23. Seyahat Amacı Tourism işaretleyiniz
24. TOURISM | VACATIONS yazınız.
25. Ana Hedef Ülke Sistem otomatik olarak GREECE yazınız
26. İlk Giriş Ülkesi GREECE yazınız
27. Giriş Sayısı için SINGLE yazınız.
Giriş Tarihi Seyahatin başlangıç tarihini GG-AA-YYYY formatında giriniz.
Çıkış Tarihi Seyahatin bitiş tarihini GG-AA-YYYY formatında giriniz.
28. Daha önce schengen vize başvurusunda parmak iziniz alındı mı ?
- 29.Boş Bırakınız
30. Otel Adı Konaklayacağınız otel adını yazınız.
a) Otelin adresini yazınız. Otelin e-posta adresi. Yoksa BOŞ bırakınız.
b) Otelin telefon numarasını yazınız.
31. Boş bırakınız
- 32.1. by the applicant
2. Cash (Nakit)
3. Credit card (Kredi kartı)
4. Pre-paid accommodation bunları işaretleyiniz
5. Pre-paid transport
32. a) Sağ kısım ÇOCUK için yapılır ,
1. by a sponsor (baba/veli)
2. referred to in field 30 or 31
3. Cash (Nakit)
- 33.Boş bırakınız.

Son sayfada Yer ve Tarih alanına şehir ve tarihi yazınız. Örnek: ISTANBUL, 01-06-2026. Ve ıslak imza atınız!

