



## بـــرگـــه درخواســت روادیـــد شــنگـن این برگه رایگان است

عکس PHOTO

APPLICATION FOR

## SCHENGEN VISA

EMBASSY OF THE HELLENIC REPUBLIC THIS APPLICATION FORM IS FREE CONSULAR OFFICE IN TEHRAN

این فرم تقاضای ویزا را می توانید فقط هب زبان انگلیسی و یا یونانی و با خودکار مشکی یا آبی تکمیل نمائید.

1. نام خانوادگی / Surna	me (Family name) :			ن قسمت جهت انجام امور اداری می
				FOR OFFICIAL USE ONLY
خانوادگی در زمان تولد .2	Surname at birth (For	mer family name(s):		Date of application:
3. First name(s)	Visa application number:			
4. تاریخ تولد / Date of	birth (day-month-year):	5. شهر تولد / Place of birth 6. شهر تولد / Country of birth	7. ملیت ملیت / Current nationality  Nationality at birth, i different:	Application lodged at  Embassy/consulate  CAC  Service provider
8. جنست / Sex ا مرد / Male / مرد / Female		رفته م Separated / جداشده م	موارد ۵ (Widow(er / ییوه تا Divorced / طلاق سر	a Commercial intermediary  Border  Name:
ريم (Other (please specify) ديمور کردسالان: نام خانوادسي، نام، آدرس (در صورت مقابرت با آدرس درخواست کننده) و ملیت ولی یا قیم قانونی . In the case of minors:  Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian				Other  File handled by:
Na / شماره کارت ملی .11	tional identity number, whe	re applicable :		Supporting documents:
12. ازوع "کدرنامه الله علی " Type of travel document / تدرنامه علی الله علی الله الله علی الله الله علی الله الله علی الله الله الله الله الله الله الله ال				□ Travel document □ Means of subsistence □ Invitation □ Means of transport □ TMI
13. شماره کدرنامه / Num document :	الريخ صدور .14 aber of travel	/ Date of issue <sup>15</sup> اتریخ اعتبار / Valid	until 16. مکان صدور / Issued by	Other:
		nome address and e-mail address esidence in a country other than th	Telephone number(s) / شماره های تلفن	Visa decision:
، آری ه No / خیر ه	/ Yes.	esidence permit NO		. Issued:
Curren / شغل فعلى .19	o C o LTV			
	. برای محصلان و دانشجویان، نام و آد nd address of educational e		and employer's address and telephone number	o Valid: From Until
Tourism / کردشگری 🛚		:y: دیدار اقوام یا د / Visiting family or frie میل م Medical reasons / دلایل پزشکی		Number of entries:
	ort transit موارد دیگر ort transit م		۱۲۵۱۵۱۱ / توانزیت ۱ ۲۰۵۵۲ ، تعص	Number of days:
			Member State / نخستین مرز ورود به کشور	

Number of entries requested / تعداد ورود مورد درخواست . 24	Duration of the intended / زمان مورد نظر جهت اقامت یا ترانزیت .25	
Two entries / دو بار ورود ت Single entry / یک بار ورود	stay or transit / تعداد روزها را مشخص کنید Indicate number of	
ا ما الما الما الما الما الما الما الما	days:	
S 1333 Je me , Marriple Clini les	100/0	
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No/خبر م		
Date(s) of val / ترى ت اعتبار	lidity from to	
خواست رواد بد شنگ از شما انگشت نگاری به عمل آمده است؟ . 27	T / Fingerprints collected previously for the purpose	
of applying for a Schengen visa	ye yyen i ame ye giri, mga pi mio comocida pi oriodali, ior ma par pode	
الريخ / No ماريخ / T/Yes. ماريخ / Date, if known		
Entry permit for مجوز ورود برای کشور مقصد (در صورت ترانزیت) .28		
سند اعتبار از مدت اعتبار از تا تا تا		
Issued by		
	المنطقة شنكن .0 Intended date of departure from the	
Schengen area:	chengen area:	
حود جنبن فردی، اسم هتل با مکان سکونت موقتتان در کشور عضو شنگن . 31 *	Surname / نام و نام خانوادگی شخص دعوت کننده در کشور عضو شنگن. در صورت عدم و-	
	e(s). If not applicable, name of hotel(s) or temporary accommodation(s)	
in the Member State(s):	es). It not applicable, name of noteles) or temporary accommodation(s)	
The Member State(s).		
س و آدرس پست الکترونیکی شخص دعوت کننده، هتل یا مکان سکونت موقت	I Liephone and reletax	
email address of inviting person(s)/hotel(s)/temporary acc	commodation(s):	
Name and address of / اسم و آدرس شركت يا سازمان دعوت كننده .32*	Telephone and telefax / تلفن و تلفكس شركت با سازمان	
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Name and address of / اسم و آدرس شر کت یا سازمان دعوت کننده .32* company/ organisation	f inviting تلفكس شركت يا سازمان / Telephone and telefax of compan /organisation:	
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1 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.

آاینجانب آگاهم که در صورت عدم موافقت با صدور ویزا، وجه آن قابل استرداد نمیباشد.

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

Applicable اینجانب آگاهم که جهت نخستین ورود خود و همچنین ورودهای بعدی به منطقه شکن پیمه مسافرتی مناسب مورد نیازاست. ۲۶در صورت تقاضای ویزای چند بار ورود (بند 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.

اينجانب با آگاه □ كامل موافقت خود را با موارد زير اعلام مي نمايم :

> تالید می نمامی که کلیه اطلاعات داده شده صحیح و کامل هستند. ره گونه اطلاعات نادرست منجر به رد تقاضای ویزا یا ابطال ویزای صادر شده و یا پیگرد قانونی میگردد. موظفم مرز کشوراهی شتکن را پیش از تارخی انقضای ویزا ترک نمامی.

مطلع هستم که داشتن روادی تنها یکی از شرایط ورود به منطقه شنگن است. درهنگام ورود شرایط لازم مجددا موردرسیدگی قرار خواهند گرفت و در صورت ممانعت ورود بر اساس عدم تطابق با الزامات ماده ۱/۵ توافقنامه اجرایی شنگن هیچگونه حق غرامتی علیرغم صدور ویزا نخواهم داشت.

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)<sup>1</sup> 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 Greece responsible for processing the data is: Ministry of Citizen Protection, Greek Police, International Police Cooperation Division, 3rd Division SIRENE, Kanellopoulou 4, GR- 101 77 Athens, Tel.:+30.210.6977000, Fax:+30.210.6929764, Email: info@sirene-gr.com

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 {Hellenic Data Protection Authority, Kifisias str 1-3, 1st floor, GR - 115 23 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 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 (پر ای خر دسالان، امضای ولی یا قیم قانونی) / Signature (for minors, signature of parental authority/legal مکان و تاریخ guardian):