Prošnja za izdajo vizuma za dolgoročno bivanje

Application for long-term Visa

Ta obrazec vloge je brezplačen / This application form is free

	IZPOLNI URADNA OSEBA FOR OFFICIAL USE ONLY
1. **Priimek (družinsko ime)** Surname (Family name)	Datum vloge:
2. **Priimek ob rojstvu** Surname at birth (Former family name(s))	Številka vloge:
3. **Ime** First name(s)	

4. **Datum rojstva (dan-mesec-leto)** Date of birth (day-month-year)	5. **Kraj rojstva** / Place of birth 6. **Država rojstva** / Country of birth	7. Državljanstvo / Nationality **Državljanstvo ob rojstvu** / Nationality at birth	Vlogo je sprejel (a):

8. **Spol** / Sex **Moški** / Male **Ženski** / Female	9. **Zakonski stan** / Civil status Samski / single Poročen / married Izvenzakonska skupnost Registered partnership Živi ločeno / separated Ločen / divorced Vdovec, vdova / widow(er) Drugo (navedite) / Other (please specify): ….……..………….................……...……....	Priloženi spremni dokumenti:

10. **V primeru mladoletnih oseb: priimek, ime, naslov (če je drugačen od naslova prosilca) in državljanstvo osebe s starševsko avtoriteto/zakonitega skrbnika** / Parental authority or legal guardian (in case of minors) (surname, first name, address, if different from applicant's)

12. Vrsta potne listine / Type of travel document

Običajni / Ordinary ☐   Diplomatski / Diplomatic ☐   Službeni / service ☐   Uradni / official ☐

Posebni / special ☐   Drugo (navedite) / Other (please specify): …………………………......….……….

13. Številka potne listine / Number of travel document	14. Datum izdaje / Date of issue	15. Valid until	16. Issued by (country)

17. Personal data of the family member who is an EU, EEA or CH citizen if applicable

Surname (Family name)	First name(s) (Given name(s))
Date of birth (day month year)	Nationality Number of travel document or ID card

18. Family relationship with an EU, EEA or CH citizen if applicable

Spouse   Child   Grandchild   Dependent ascendant

Registered Partnership   Other: ……………………………………………………

19. Applicant's home address	Phone E-mail:

20. Residence in a country other than the country of current nationality

No

Yes. Resident permit or equivalent …………………….. No …….………… Valid until…………………

*21. Current occupation

*22. Employer and employer's address and telephone number. For students, name and address of educational establishment.

23. Purpose(s) of the journey

Tourism   Business   Visiting family or friends   Cultural   Sports

Official visit   Medical reasons   Study   Transit   Airport transit

Other (please specify):…………………………………

24. Additional information on purpose of stay

Odločitev:

☐ Zavržba
☐ Zavrnitev
☐ Izdaja

Vizum izdan z veljavnostjo

od

do

Dovoljeno število dni bivanja:

Datum odločitve:

Podpis odgovorne osebe DKP:

25. Member State of main destination (and other Member States of destination, if applicable)	26. Member state of first entry	FOR OFFICIAL USE ONLY
27. Number of entries requested Single entry Two entries Multiple entries		

27. Number of entries requested   Single entry   Two entries   Multiple entries

Intended date of arrival of the first intended stay in the Schengen area:

Intended date of departure from the Schengen area after the first intended stay:

28. Fingerprints collected previously for the purpose of applying for a Schengen visa

☐ No   ☐ Yes

Date if known……………………Visa sticker number, if known …………………………………………………

29. Entry permit for the final country of destination, where applicable

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)
     Inviting person   Inviting company
     Hotel or Temporary accomodation

Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s)	Phone E-mail:
*31. Name and address of inviting company/organisation	Phone E-mail:

*Surname, first name, address, telephone no. and e-mail address of contact person in company/organisation

32. Cost of traveling and living during the applicant's stay is covered

☐ by the applicant himself/herself   ☐ by a sponsor (host, company, organisation), please specify…………………….……..

                            ☐ referred to in field 30 or 31

…………………………………………   ☐ other (please specify)

Means of support   Means of support

☐ Cash   ☐ Cash

☐ Traveler's cheques   ☐ Accommodation provided

☐ Credit card   ☐ All expenses covered during the stay

☐ Prepaid accommodation   ☐ Prepaid transport

☐ Prepaid transport   ☐ Other (please specify)

☐ Other (please specify):

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
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 State.

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 of the Member State responsible for processing the data is: Ministry of Foreign Affairs, Prešernova cesta 25, 1000 Ljubljana.

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 of that Member State (Information Commissioner of the Republic of Slovenia, Dunajska cesta 22, SI-1000 Ljubljana) 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) No 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	Signature (signature of parental authority/legal guardian, if applicable)