



STAMP OF
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PHOTO

Application for Bulgarian Visa

/this application form is free/

1. SURNAME (FAMILY NAME)			FOR VISA ISSUING AUTHORITY USE ONLY
2. EARLIER FAMILY NAMES / SURNAMES AT BIRTH			
3. FIRST NAME			
4. DATE OF BIRTH (year – month –day)		5. NATIONAL ID-NUMBER (if any)	Date of application:
6. PLACE AND COUNTRY OF BIRTH			File handled by:
7. CITIZENSHIPS	8. PREVIOUS CITIZENSHIP (citizenship at birth)		Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other		
11. FATHER'S NAMES	12. MOTHER'S NAMES		
13. TYPE OF TRANSPORT: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Geneva Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify)			
14. NUMBER OF PASSPORT	15. ISSUED BY		Visa: <input type="checkbox"/> Refused <input type="checkbox"/> Granted
16. DATE OF ISSUE	17. VALID UNTIL		
18. IF YOU RESIDE IN A COUNTRY OTHER THAN YOUR COUNTRY OF ORIGIN, DO YOU HAVE PERMISSION TO RETURN TO THAT COUNTRY? <input type="checkbox"/> No <input type="checkbox"/> Yes (number and validity of permission)			
19. CURRENT OCCUPATION			Characteristics of Visa: <input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D+C
20. EMPLOYER AND EMPLOYER'S ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)			
21. FINAL COUNTRY OF DESTINATION	22. TYPE OF VISA: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	23. VISA: <input type="checkbox"/> Individual <input type="checkbox"/> Group	
24. NUMBER OF ENTRIES REQUESTED <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. DURATION OF STAY Visa is requested for: days	Number of entries:

26. OTHER BULGARIAN VISAS (issued during the past three years) AND THEIR PERIOD OF VALIDITY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
27. IN THE CASE OF TRANSIT, DO YOU HAVE AN ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: _____ Issuing authority: _____		Valid from: To: Valid for:

28. TRAVELS ABROAD IN THE PAST FIVE YEARS		FOR VISA ISSUING AUTHORITY USE ONLY
29. PURPOSE OF TRAVEL <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Private visit <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify):		
30. DATE OF ARRIVAL	31. DATE OF DEPARTURE	
32. BORDER OF FIRST ENTRY OR TRANSIT ROUTE	33. MEANS OF TRANSPORT	
34. DETAILS OF HOST PERSON, ORGANIZATION, OR HOTEL		
Name of person/Name of organization or hotel	Telephone and telefax	
Full address	E-mail address	
35. WHO IS PAYING YOUR TRAVELLING AND LIVING EXPENSES DURING YOUR STAY? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (State who and how and present corresponding documentation)		
36. MEANS OF SUPPORT DURING YOUR STAY <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Guaranteed accommodation <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid/and until:		
37. SPOUSE'S FAMILY NAME		
39. SPOUSE'S FIRST NAME	40. SPOUSE'S DATE OF BIRTH	41. SPOUSE'S PLACE OF BIRTH
42. CHILDREN		
Middle name and family name	First name	Date of birth
1. 2. 3.		
43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU DEPEND ON (This question should be answered only by family members of EU and EEA citizens.)		
Middle name and family name		First name
Date of birth	Citizenship	Number of passport
Family relationship: of an EU or EEA citizen		

<p>44. I consent to the following: any data which appear on this application form, my photograph and, if applicable, my fingerprints, will be supplied to the relevant authorities and processed by those authorities for the purposes of the examination of the visa application and a decision on it. Such data, as well as my photograph and my fingerprints, will be entered into and stored in databases. I declare that the particulars above are correct. I am aware that I incur criminal liability under Bulgarian legislation for making false statements, as well as that this may lead to my application being rejected or to the annulment of a visa already granted. I undertake to leave the territory of the Republic of Bulgaria upon the expiry of the visa, if granted. I have been informed that the possession of a visa is not the only condition for entry into the territory of the Republic of Bulgaria.</p>		
45. APPLICANT'S HOME ADDRESS	46. TELEPHONE NUMBER	
47. PLACE AND DATE	48. SIGNATURE	