



Embassy of Italy - Pretoria

SCHENGEN TOURIST VISA REQUIREMENTS

1. completed and signed visa application form
2. two recent coloured I.D. photographs
3. valid passport/travel document expiry not less than three months from return date of trip
4. air ticket or reservation including return trip
5. **proof of residence in South Africa**
6. **confirmed accommodation** : tour vouchers, hotel booking or host declaration
7. **economic means for staying in Italy**, as per Italian Home Affairs rule 1st March 2000 (the last three months bank statements)
8. **employment letter/school letter**
9. **medical insurance recognised by Schengen countries**, minimum cover of € 30.000 for emergency hospitalization and repatriation
10. **minors require full/unabridged birth certificate**, if not travelling with biological parents consent is required.

Notice : - The Diplomatic or Consular Office have the right to request more documents if necessary.

***attached form "Proof of Sponsorship and/or Private Accommodation"**



Embassy of Italy - Pretoria

Application for Schengen Visa



This application form is free

Photo

1. Surname (Family name) (x)				For official use only			
2. Surname at birth (Former family name(s)) (x)				Date of application:			
3. First name(s) (Given name(s)) (x)				Visa application number:			
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality		Application lodged at	
		6. Country of birth		Nationality at birth, if different:		<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 <input type="checkbox"/> Male <input type="checkbox"/> Female			9. 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 (please specify)				
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian						<input type="checkbox"/> Other Name: File handled by:	
11. National identity number, where applicable							
12. Type of travel document <input 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)							
13. Number of travel document		14. Date of issue		15. Valid until		16. Issued by	
17. Applicant's home address and e-mail address				Telephone number(s)			
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until							
* 19. Current occupation							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.						<input type="checkbox"/> Valid From Until	
21. Main purpose(s) of the journey: <input 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"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)						Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days	

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 <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by Valid from until	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area
* 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)	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax
* 32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation	
* 33. Cost of travelling and living during the applicant's stay is covered	
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)

34. Personal data of the family member who is an EU, EEA or CH citizen		
Surname	First name(s)	
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)	

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	Signature (for minors, signature of parental authority/legal guardian):
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⁽¹⁾ In so far as the VIS is operational.



**DICHIARAZIONE GARANZIA E/O
ALLOGGIO**

Ai sensi dell'art. 14 p.4 Codice Visti
e dell'art. 9 p.4 Regolamento VIS

**PROOF OF SPONSORSHIP AND/OR
PRIVATE ACCOMMODATION**

According to art. 14 p.4 Visa Code
and to art. 9 p.4 VIS Regulation

Io Sottoscritto/a

I, the undersigned

Nome/Name	
Cognome/Surname	
Data di nascita/Date of birth	Luogo di nascita/ Place of birth
Nazionalità/Nationality	
Documento di identità/Identity card	
Passaporto/Passport	
Permesso di soggiorno/Residence permit	
Indirizzo/ Address	
Professione/Occupation	

Solo per le Società o Organizzazione

Only for Companies or Organizations

Ragione sociale /Company Name
Sede legale /Company Address
Nome del legale rappresentante/ Legal representative
Tel: _____ email: _____

- dichiaro di voler ospitare/ *declare being able to accomodate:*
- presso la mia abitazione / *at my abovementioned address*
 - al seguente indirizzo/ *at the following address*

Nome/Name	
Cognome/Surname	
Data di nascita/Date of birth	Luogo di nascita/ Place of birth
Nazionalità/Nationality	
Passaporto/Passport	
Indirizzo/ Address	
Professione/Occupation	
Relazione con l'invitante/ Relationship to the invitee	
per la seguente finalità/ for the following reason	
per il periodo dal/ from _____ al/ to _____	

- dichiaro di farmi carico delle sue spese di sostentamento durante il soggiorno
I declare being able to bear his / her living costs during the abovementioned period of stay
- dichiaro di avere stipulato in suo nome l'assicurazione sanitaria
I declare to have subscribed health insurance on his / her behalf
- (eventuale) dichiaro di aver messo a sua disposizione, a titolo di garanzia economica, sotto forma di "fideiussione bancaria" (v. allegato), la somma di € _____ presso l'Istituto bancario _____ Agenzia n. ____ sita in _____
I declare to have made available on his/her, as financial guarantee (see annex), the sum of € _____ in the following bank _____ branch _____ address _____
- sono consapevole che, ai sensi dell'art. 7 del D. Lgs. n. 286/1998 e s.m.i., sono tenuto a comunicare all'autorità di P.S. di zona, la presenza del cittadino straniero presso la mia abitazione, entro 48 ore dalla sua entrata nel territorio italiano
I am aware that, in accordance with Art. 7 of Legislative Decree n. 286/1998 and subsequent modifications, I shall notify the local police headquarters of the presence of the foreign national in my home, within 48 hours from the time he / she entered Italian territory
- sono consapevole delle responsabilità penali previste dall'art. 12 del D. Lgs. n. 286/98 e s.m.i.
I am aware of the penal responsibilities foreseen by art. 12 of Legislative Decree n. 286/1998 and subsequent modifications.

Sono informato del fatto e accetto che i dati forniti con il presente modulo sono obbligatori per l'esame della domanda di visto e che essi saranno comunicati alle autorità competenti degli Stati membri e trattati dalle stesse, ai fini dell'adozione di una decisione in merito alla domanda.

Tali dati saranno inseriti e conservati nel sistema d'informazione visti (VIS) per un periodo massimo di cinque anni, durante il quale essi saranno accessibili: alle autorità competenti per i visti; alle autorità competenti in materia di controlli ai valichi di frontiera esterni; alle autorità competenti a controllare all'interno degli Stati membri se siano soddisfatte le condizioni d'ingresso, di soggiorno o di residenza nel territorio degli Stati membri; alle autorità competenti in materia di asilo ai fini della determinazione dello Stato membro competente per l'esame di una domanda di asilo e/o ai fini dell'esame di una domanda di asilo.

A determinate condizioni, i dati saranno anche accessibili alle autorità designate degli Stati membri ed a Europol ai fini della prevenzione, dell'individuazione e dell'investigazione di reati di terrorismo e altri reati gravi.

Le autorità italiane di controllo sul trattamento dei dati personali di cui all'articolo 41 par. 4 del Reg. CE n. 767/2008 sono il Ministero degli Affari Esteri ed il Ministero dell'Interno.

Sono informato/a del diritto di accesso ai dati relativi alla mia persona registrati nel VIS e del diritto di chiedere che dati inesatti relativi alla mia persona vengano rettificati e che quelli relativi alla mia persona trattati illecitamente vengano cancellati.

L'autorità italiana di controllo nazionale di cui all'art. 41 par. 1 del Reg. CE n. 767/08 è il Garante per la protezione dei dati personali sito in Piazza di Monte Citorio n. 121 00186 Roma.

Dichiaro che a quanto mi consta tutti i dati da me forniti sono completi ed esatti. Sono consapevole delle responsabilità penali in caso di false dichiarazioni, così come espressamente stabilito dall'art. 76 del D.P.R. n. 445/2000.

Luogo e data /Place and date:

Firma/ Signature

Allegati/Annexes:

- documento d'identità dell'invitante/ identity card of the person issuing the invitation
- fideiussione bancaria / financial guarantee
- altri documenti/ other documents.

I am aware of and consent to the following: the data provided within this declaration are mandatory and will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on the visa application.

Such data 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; the authorities competent for carrying out checks on visas at external borders; to the immigration 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; to the asylum authorities in the Member States for the purposes 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 Italian authorities responsible for processing the data according to art. 41 p. 4 of Reg. CE n. 767/2008 are: Ministry of Foreign Affairs and Ministry of Interior.

I am aware that I have the right to obtain notification of the data relating to me recorded in the VIS and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted.

The Italian national supervisory authority according to art. 41 p.1. of Reg. CE n. 767/08 is the Data Protection Authority based in Piazza di Monte Citorio, 121 - 00186 Rome.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that making false statements is punishable by law (see art. 76 D.P.R. n. 445/2000).