This application form should be filled out in English 此表格必须以英文填写

РНОТО 照片



Schengen Visa Application form 申根签证申请表

This application form is free 此表格免费提供

1. Surname (Family name) (x)	HOU		For official use only
性 姓	签证机关专用		
2. Surname at birth (Former family na 班生时姓氏:	me (s) (x) HOU		Date of application:
3. First name (s) (Given name (s) (x) 名	MENG		Visa application number:
4. Date of birth (day-month-year) 出生日期 (日-月-年) 【1-11-1937	5. Place of birth / 出生地 Shanding Province 6. Country of birth / 出生園 China	7. Current nationality / 現園籍 Nationality at birth, if different: 出生时閱籍,如与現園籍不同	Application lodged at Embassy/Consulate CAC Service provider Commercial intermediary
8. Sex / 性別 Male / 男	9. Marital status / 婚姻软况 【Single / 未】 □ Separated / 分居 □ Divorced / □ Other / 其它	高异 [] Widow (er) / 丧偶	Border Name Other
10. In the case of minors: Surname, fi legal guardian / 未成年申请人 纽坦	rst name, address (if different from applicant's) and 真上合法监护人的姓名、住址(如与申请人不同)、	及時期	File handled by:
11. National identity number, where a 身份证号码,如适用	37033019871111	1234	Supporting documents Travel document
12. Type of travel document 护照种: [] Service passport /公务护照		natic passport / 外交护照 I passport / 特殊护照	Means of subsistence Invitation Means of transport TMI Other
and the ent on the late \$10.	Date of issue 签发日期 15. Valid until 有效期 5-08-2015 15-08-2020	Ministral Town	ffairs
loz Building 12, Wencha and Technology, Xuzho	mail address 中洲人生肚皮电子邮件 ng Counfus, China Univercity of A ou, Jiangsu Province, China. hou	Imeng Quant educa	Visa decision: Refused Issued
No 哲 U Yes. Residence permit or equiva	n the country of current nationality 是香居住在現时 alent No Valid F 編号 有名		ПС ПГІЛ
	ducator		
工作单位名称, 地址和电话,	oss and telephone number. For students, name and ac 学生填写学校名解及地址 of MinInf and Technology	idress of educational establishment.	□ Valid From
		6-516-33592005	Until

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21. Main purpose(s) of the journey: 旅程主要目的 □ Tourism / 旅游 □ Visiting Far		[] Visiting Family or Friends / 探亲访友	Number of entries. 1 2 Multiples	
□ Cultural / 文化	□ Sports / 体育	□ Official visit / 官方访问	Number of days:	
□ Medical reasons / 医疗 □ Study / 学习		□ Transit / 过境	Number of days.	
□ Airport transit / 机场过境				
Other (please specify) / 其它	(请注明)			

22. Member State (s) of destination / 申根目的地	23. Member State of first entry / 首入申根国
Ne ther land	Ne they land
24. Number of entries requested 申请入境次数 Single entry / 一次	25. Duration of the intended stay or transit Indicate number of days 预计逗留或过境日数

The fields marked with * shall not be filled 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. 软型、欧洲经济区或瑞士公民的家庭成员(配偶、子女或赡养的老人)行使其自由往来的权利,不必回答带(*)号的问题。欧盟、欧洲经济区或瑞士公民的家庭成员会领填写第34条及35条的问题并提交证明其豪属关系的文件。

No / 没有			
sued by Valid fro 答发机关 有效期由	m		
9. Intended date of arrival in the Schengen area 預定入境中根間日期 /ター/ゥー20/5	預定离开申根	f departure from the Schengen area 国日期 /シー 20/5	
31. Surname and first name of the inviting person (s) in imporary accommodation (s) in the Member States (s) 神根国的邀请人姓名。如无邀请人, 中填写中根質的覆店或暂住居所名称	Karen		
ddress and c-mail address of inviting person (s) / hotel (commodation (s) 邀请人/商店衛住居所的地址及电号 Pe Rondom 70, 5612 AP Eindhov P.O. Box 513, 5600 MB Eindhoven +31 [0] 40 247 8175	产邮件	Telephone and telefax 电话及传真号码 +31 (0) 40 247 8/75	
32. Name and address of inviting company / organization 邀请公司或机构名称及地址 Eindhoven University of Technology De Rondom 70, 5612 AP Eindhoven		Telephone and telefax of company / organisation 邀请方电话及传真号码 +31 () 40 247 初75	
umame, first name, address, telephone, telefax, and e-m 建資公司/机构的联系人姓名、地址、电话、传真及电 Karen S. Al; De Ron +31(0) 402478175.	dom 70, 56		

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by the applicant himself/herself / leans of support / 支付方式 Cash / 現象 Traveller's cheques / 旅行支票	由申请人支付	Specify / 由型 调注明	nost, company, organisation), please PBD人(邀请人、公司或机构) 支付。 in field 31 or 32 / 参照字段31及32 ie specify) / 其它(请注明)	
Credit card / 信用卡 Prepaid accommodation / 预缴 Prepaid transport / 预缴交通 Other (please specify) / 其它(证	性 明)	☐ All expenses ☐ Prepaid trans ☐ Other (please	nt / 支付方式 jon provided / 提供住宿 covered during the stay / 支付旅程期间 所有开支 sport / 預缴交通 e specify) / 其它(请注明)	
34. Personal data of the family me 家庭成员为欧盟、欧洲经济	mber who is an EU, EEA 区或瑞士公民。请填写]	PA T P T T T T T T T T T T T T T T T T T		
Surname #		First name(s) 名	Number of travel document or 1D card	
Date of birth / 出生日期	Nationality / 国籍		旅行证件或身分证编号	
配偶 子女 36. Place and date /地区及日射	到 37. Signatu 鉴字(2	□ grandchild 孙儿女 ire (for minors, signati ang 人由東海护人代	受养人 wre of parental authority/legal guardian)	
Xuzhou. 2015.11	11		中之签名	

1 am aware that the visa fee is not refunded if the visa is refused / 本人知道即使祭证被拒也不能退还签证费

Applicable in case a multiple-entry visa is applied for (cf. field No24). / 适用于申请多次入境签证 (参照字段24) Applicable in case a multiple-entry visa is applied for (cf. tield No24): / 塩田ナ中軍多次へ現金皿(参照子改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 Status.

本人知道頻預备有足够保護的旅游医疗保险作为首次及其后各次出发到申根国家領域之用

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, 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 amplication.

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 purposes of verifying whether the conditions, of examining an asylum application and of determining responsibility for such examination. Under certain who do not or who no longer fulfill 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 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 States responsible for processing the data is: Ministry of Foreign Affairs, Consular Affairs and Migration Policy Department (DCM), Postbus 20061, 2500 EB DEN HAAG

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 processing 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 of the Netherlands will hear claims concerning the protection of personal data: [College Bescherming Persoonsgegevens, Postbus 93374, 2509 AJ DEN HAAG]

I declare that to the best of my knowledge all particulars supplied by me are corrected and completed. 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.

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本人知憑并同意以下条款;该申请表中所有关于本人的个人信息、照片或采集的指纹样本均为审核本人的签证所需。本人在该申请表中所填写的所有个人信息、指纹样本和照片均可提供给申根国家的相关主管部门,以便其受理本人的签证申请并对申请作出决定。

途信息以及签证结果甚或签证注销、撒消或延期的决定等一并收录判签证信息系统(1)(VIS系统)并最长保存五年。在此期间,所有申根成员国的相关签证部门、边境及境内的签证检查部门以及移民局和难民局均有权整入VIS系统,核查签证申请人是否已满足入申根国境并在境内温窗的相应腐损条件,核实不满足或密链条件的签证申请人。审核难民申请并确定出该申请的主管部门。必要时,各申根成员国的特定部门以及欧盟刑警组织均有权参考该信息,用于预防、侦察和调查恐怖活动及其它严重犯罪行为。荷兰负责管理该类信息的部门是荷兰外交部,Ministry of Foreign Affairs, Consular Affairs and Migration Policy Department (DCM), Postbus 20061, 2500 EB DEN HAAG。

本人知悉本人有权要求任何一个申根成员国告知VIS系统中都收录了本人哪些个人信息,是由哪个申根成员国收录进去的。验此之外,本人亦有权申请更正系统中收录的错误信息并删除不合法信息,审核本人签证申请的领事机构会应本人要求提供相关说明性信息,如签证申请人应如何行使审核个人信息的权力,依据相关申根成员国的法律规定要求更正甚或删除不正确的个人信息的权力以及如何行使向相关申根成员国的主管部门就个人信息条件事宜依法申诉的权力。 荷兰主管部门是 [College Bescherming Persoonsgegevens, Postbus 93374, 2509 AJ DEN HAAG]

人确保以上信息均系本人如实提供,确保信息正确而完整。本人知悉提供虚假信息可导致本人签证申请被拒签或已得到的签证被注销甚或受理本人 签证的申根因会因此而对本人追究刑事责任。

如本人的祭证申请被批准,本人有义务在在签证到期前离开申根国境。本人亦获悉得到签证仅是具备了进入中根国境的前提条件之一。如果本人因 未满足编号为EC562/2006的欧洲共同体协定中第5条第1款中所述前提条件而被拒绝入境。本人不得要求赔偿。在进入中根成员国的领土时,入境条件将被再次审核。

Place and date / 地区 及 日期

Signature (for minors, signature of parental authority/legal guardian) 签字(未成年人由其位約人代签)

Xu=hou 2015.11.11

中文签名

(1) In so far as the VIS is operational

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