PHOTOGRAPH

Application for Bulgarian Visa

/The application form is provided free of charge/

STAMP OF EMBASSY
OR CONSULATE

	FOR VISA ISSUING AUTHORITY USE ONLY
1. SURNAME	
2. EARLIER SURNAMES/OTHER SURNAMES	
3. FIRST NAME	Date of application:
4. DATE OF BIRTH (year-month-day) 5. NATIONAL ID NUMBER (if any)	File handled by:
6. PLACE AND COUNTRY OF BIRTH	
7. NATIONALITY(IES) 8. PREVIOUS NATIONALITY (nationality at birth)	Supporting documents:
9. SEX ☐ Male ☐ Female 10. MARITAL STATUS : ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other	☐ Valid passport ☐ Financial means ☐ Invitation ☐ Means of transport ☐ Medical insurance ☐ Other:
11. FATHER'S NAMES 12. MOTHER'S NAMES	

	FOR VISA ISSUING AUTHORITY USE ONLY
13. TYPE OF PASSPORT: ☐ National passport ☐ Diplomatic passport ☐ Service passport ☐ Travel document (1951 Geneva Convention) ☐ Alien's passport ☐ Seaman's passport ☐ Other travel document (please, specify):	
14. NUMBER OF PASSPORT 15. ISSUED BY	
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? ☐ No ☐ Yes (number and validity of permission)	
19. CURRENT OCCUPATION	Visa:
20. EMPLOYER AND EMPLOYER'S ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)	☐ Refund ☐ Granted Type of visa:
21. COUNTRY OF FINAL DESTINATION 22. TYPE OF VISA: ☐ Airport transit ☐ Transit ☐ Short stay ☐ Long stay 23. VISA: ☐ Individual ☐ Group	☐ LTV ☐ A ☐ B ☐ C ☐ D ☐ D+C
24. NUMBER OF ENTRIES ☐ Single entry ☐ Two entries ☐ 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	☐ 1 ☐ 2 ☐ Multiple
27. IN THE CASE OF TRANSIT, DO YOU HAVE AN ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION?- ☐ No ☐ Yes, valid until: Issuing authority:	Valid from.................... To................................. Valid for: ....days

28. TRAVELS ABROAD IN THE PAST FIVE YEARS

29. PURPOSE OF TRAVEL
❑ Tourism ❑ Business ❑ Private visit ❑ Cultural/Sports ❑ Official
❑ Medical reasons ❑ 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 ABOUT HOST PERSON, ORGANIZATION OR HOTEL

Full name of person/Name of organization or hotel	Telephone and fax
Full address	E-mail address

35. WHO IS PAYING FOR YOUR TRIP AND FOR YOUR COSTS OF LIVING DURING YOUR STAY?

❑ Myself ❑ Host person ❑ Host organization
(State who and how and present corresponding documentation): ....
....

36. MEANS OF SUPPORT DURING YOUR STAY
❑ Cash ❑ Traveller's cheques ❑ Credit cards ❑ Accommodation provided for
❑ Other........................ ❑ Travel and/or medical insurance. Valid/and until:........................

37. SPOUSE'S FAMILY NAME	38. SPOUSE'S EARLIER FAMILY NAMES

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 RELY ON
(This question should be answered only by family members of EU or EEA citizens.)

Middle name and family name	First name
Date of birth	Nationality	Number of passport

Family relationship: .... of an EU or EEA citizen

44. I consent to the following: any data which appear on this visa application form will be supplied to the relevant authorities in the Republic of Bulgaria and processed by those authorities for the purposes of a decision on my visa application. Such data may be input into, and stored in databases.

I declare that data above is true and correct. I understand that any false statements may render me liable to prosecution under the Bulgarian law and that this may result in the refusal of a visa 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.

I have been informed that possession of a visa is not the only prerequisite for entry into the territory of the Republic of Bulgaria.

45. APPLICANT'S HOME ADDRESS	46. TELEPHONE NUMBER

47. PLACE AND DATE	48. SIGNATURE