

Royal Netherlands Embassy MOSCOW

Photo

Application for Schengen Visa

This application form is free

1. Surname(s) (family name(s)) NIKITINA	FOR EMBASSY / CONSULATE USE ONLY				
2. Surname(s) at birth (earlier famil NIKITINA	Date application :				
3. First names (given names) YEKATERINA					
4. Date of birth (year-month-day) 1986-02-20			ID-number (optional) 2 49 185418	File handled by :	
6. Place and country of birth KURSKAYA OBL./ USSR	Supporting documents:				
7. Current nationality/ies RUSSIAN			nal nationality (national	Valid passport Financial means	
9. Sex			ital status :		 Invitation
Male X Female			le Married Separ (er) Other	Means of transport Health insurance	
11. Father's name			her's name	Other:	
NIKITIN ILYA		INA LYUBOV			
13. Type of passport:				40-1-5	
	tic passpo	_		cument (1951 Convention)	
Alien's passport Seaman's	s passport	Other tra	vel document (please s	pecify):	
14. Number of passport	15. Issued	by	• • • • • • • • • • • • • • • • • • • •	**********	
45M4854516 FMS 450					
16. Date of issue	17. Valid ı	until			_
11-02-2007	11-02-20				
18. If you reside in a country other t	han your c	ountry of origin,	have you permission to	return to that country?	1
No Yes, (number and val	lidity)				
* 19. Current occupation					Visa :
* STUDENT * 20. Employer and employer's additional statement of the statem	roce and tal	onhono numbon	For students, name and	d address of saboal	Refused
		_	OVSKIY BULVAR, MO		Granted
			· · · · · · · · · · · · · · · · · · ·	,	Characteristics of Visa :
21. Main destination	22	2. Type of Visa :		23. Visa :	LTV
HOLLAND	l l	*	☐ Transit X Short	X Individual □ Collective	A
	sta	ay 🛘 Long stay	7		В
					C
					D D+C
24. Number of entries requested			25. Duration of stay	<u> </u>	Number of entries :
X Single entry Two entries	Multiple	entries	Visa is requested for:	7 days	
26. Other visas (issued during the pa	1 2 Multiple				
UK4545457H (25/08/06 – 18/02/0 27. In the case of transit, have you a	Valid from				
27. In the case of transit, have you an entry permit for the final country of destination? No. Ves. valid until: Issuing authority:					To
No Yes , valid until: Issuing authority: * 28. Previous stays in this or other Schengen states					Valid for :
* The questions marked with * do n	donondont				

^{*} The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

X Tourism Business Visit to Family	or Friends Cultu	ural/Sports	Official	Medical reasons	FOR EMBASSY / CONSULATE USE ONLY
Other (please specify):		•		• • • • • • • • • • • • • • • • • • • •	CONSULATE USE ONLY
					1
* 30. Date of arrival 27-12-2008		ate of departur			
* 32. Border of first entry or transit route	33. Mea AVIA	ans of transpor			
AMSTERDAM					
			T0		
* 34. Name of host or company in the Schengen of hotel or temporary address in the Schengen s		erson in host c	ompany. If n	ot applicable, give name	
Name	Te	elephone and to			
Tulip Inn Amsterdam Riverside	`	1) 05626266 1) 92959596			
Full address		mail address	_		
Provinciale weg 38, 1108AB, Amsterda	ım				
					_
* 35. Who is paying for your cost of travelling a	and for your costs of l	livina durina v	our ctoy?		_
	y. (State who and h			nding	
documentation):					
* 36. Means of support during your stay					<u> </u>
X Cash Travellers' cheques Credit cards	Accommodation	n Other:			
X Travel and/or health insurance. Valid unti				• • • • • • • • • • • • • • • • • • • •	
37. Spouse's family name	38.	Spouse's famil			
39. Spouse's first name	40. Spouse's date of	f birth	41. Spouse	's place of birth	<u></u>
					_!
42. Children (Applications <u>must</u> be submitted sep			Т	Date of hirth	1
42. Children (Applications <u>must</u> be submitted sep Name	parately for each passp First na		Γ	Date of birth	
Name			Ι	Pate of birth	
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Name 1	First na	me			
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