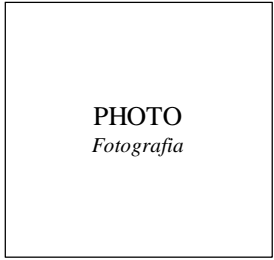




Consolato Generale d'Italia a Melbourne

National Visa Application (D)

This application form is free



1. Surname (Family name) (*)				<b>For Office use only</b>  <b>Data di presentazione della domanda:</b>  <b>Numero della domanda:</b>  <b>Domanda presentata presso:</b> <input type="checkbox"/> Ambasciata/Consolato <input type="checkbox"/> Fornitore dei servizi <input type="checkbox"/> Altro (precisare):  <b>Responsabile della pratica:</b>  <b>Nome di chi ha ricevuto la pratica allo sportello:</b>  <b>Documenti giustificativi:</b> <input type="checkbox"/> Documento di viaggio <input type="checkbox"/> Mezzi di sussistenza <input type="checkbox"/> Invito <input type="checkbox"/> Mezzi di trasporto <input type="checkbox"/> Assicurazione sanitaria di viaggio <input type="checkbox"/> Altro:  <b>Decisione relativa al visto:</b> <input type="checkbox"/> Rifiutato <input type="checkbox"/> Rilasciato  <b>Tipo di visto:</b>  <b>Valido:</b> dal _____ al _____  <b>Numero di ingressi:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multipli  <b>Numero di giorni:</b>
2. Surname at birth (Former family name/s) (*)				
3. First name/s (Given name/s) (*)				
4. Date of birth (dd/mm/yyyy)	5. Place of birth	7. Current nationality		
	6. Country of birth	Nationality at birth, if different		
8. Gender <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 (pls. specify).....			
10. In case of minors: surname, first name, address (if different from applicant's) and nationality of the holder of parental responsibility/legal guardianship				
11. 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 (pls. specify).....				
12. Travel document no.	13. Date of issue	14. Valid until	15. Issuing authority	
16. Applicant's home address and e-mail address			Telephone number/s	
17. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent .....n..... Valid until.....				
18. Current occupation				
19. Employer and employer's address and telephone number. For students, name and address of educational institution				
20. Main purpose/s of the journey <input type="checkbox"/> Family reunification/following family member <input type="checkbox"/> Religious reasons <input type="checkbox"/> Sport <input type="checkbox"/> Mission <input type="checkbox"/> Diplomatic <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Adoption <input type="checkbox"/> Salaried employment <input type="checkbox"/> Self-employment <input type="checkbox"/> Other (pls. specify).....				

(\* As specified in the travel document

21. Your destination in Italy		22. Schengen State of first entry (if applicable)		OSSERVAZIONI E ANNOTAZIONI
23. Number of entries requested <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple entries		24. Number of days of intended stay (max. 365)		
25. Intended date of arrival in Italy				
26. Surname and name of the person in Italy who applied for Family Reunification, or surname and name of the Employer in Italy  For Adoption, Religious Reasons, Medical Reasons, Sport, Study, Mission, please specify the address in Italy				
Address and e-mail of the person(s) who applied for Family Reunification or the Employer		Telephone and fax number of the person(s) who applied for Family Reunification or the Employer		
27. Name and address of host Company/Organization		Telephone and fax number of the Company /Organization		
Surname, first name, address, telephone, fax and email address of contact person in Company/Organization				
28. Cost of traveling and living during the applicant's stay is covered by:				
<input type="checkbox"/> the applicant <b>Means of support</b> <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's Cheques <input type="checkbox"/> Credit Cards <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (pls. specify) _____ <b>THIS INFORMATION IS NOT NECESSARY FOR THE FOLLOWING TYPES OF VISA:</b> <b>Family Reunification, Following Family Member, Salaried Employment, Self Employment, Mission, Diplomatic, Adoption</b>		<input type="checkbox"/> a sponsor (host, company, organization), please specify _____ referred to in box n. 26 or 27 <input type="checkbox"/> Other (pls. specify) _____ <b>Means of support</b> <input type="checkbox"/> Cash <input type="checkbox"/> Provided accommodation <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (pls. specify) _____		
29. Personal data of the family member who is an EU, EEA or CH citizen				
Surname		First Name/s		
Date of birth	Nationality	Travel document or ID card no.		
30. Family relation with an EU, EEA or CH citizen <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other descendant <input type="checkbox"/> Dependent ascendant <input type="checkbox"/> Other (pls. specify) _____				
31. Place and date		32. Signature (for minors, signature of parental authority/legal guardian)		

