



STAMPOF EMBASSY
OR CONSULATE

PHOTOGRAPH

Application for Bulgarian Visa

/The application form is provided free of charge/

1. SURNAME		FOR VISA ISSUING AUTHORITY USE ONLY Date of application: File handled by : Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Medical insurance <input type="checkbox"/> Other :
2. EARLIER SURNAMES / OTHER SURNAMES		
3. FIRST NAME		
4. DATE OF BIRTH (year - month – day)	5. NATIONAL ID NUMBER (if any)	
6. PLACE AND COUNTRY OF BIRTH		
7. NATIONALITY(IES)	8. PREVIOUS NATIONALITY (nationality at birth)	
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
11. FATHER'S NAMES	12. MOTHER'S NAMES	
13. TYPE OF PASSPORT: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Geneva Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (number and validity of permission)		
19. CURRENT OCCUPATION		Visa: <input type="checkbox"/> Refused <input type="checkbox"/> Granted
20. EMPLOYER AND EMPLOYER'S ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)		Type of visa:
21. COUNTRY OF FINAL DESTINATION	22. TYPE OF VISA: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	<input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D+C
23. VISA: <input type="checkbox"/> Individual <input type="checkbox"/> Group	Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	
24. NUMBER OF ENTRIES <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. DURATION OF STAY Visa is requested for: _____ days	
26. OTHER BULGARIAN VISAS (issued during the past three years) AND THEIR PERIOD OF VALIDITY		Valid from..... To..... Valid for: days
27. IN THE CASE OF TRANSIT, DO YOU HAVE AN ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: Issuing authority:		

28. TRAVELS ABROAD IN THE PAST FIVE YEARS			FOR VISA ISSUING AUTHORITY USE ONLY
29. PURPOSE OF TRAVEL <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Private visit <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> 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? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (State who and how and present corresponding documentation):			
36. MEANS OF SUPPORT DURING YOUR STAY <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation provided for <input type="checkbox"/> Other:..... <input type="checkbox"/> 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			
<p>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.</p> <p>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.</p> <p>I undertake to leave the territory of the Republic of Bulgaria upon the expiry of the visa.</p> <p>I have been informed that possession of a visa is not the only prerequisite for entry into the territory of the Republic of Bulgaria.</p>			
45. APPLICANT'S HOME ADDRESS		46. TELEPHONE NUMBER	
47. PLACE AND DATE		48. SIGNATURE	