

Application Authorisation
 Please ensure you complete, sign and return this form to our office along with the your signed application and supporting documents

Your Personal Details

First Name	Surname
Date of Birth <input type="text" value="DDMMYY"/>	Nationality
Occupation	Phone Number
Mobile Number	Email Address

Visa Requirement Details

Country/Destination	Type of Visa Required (business / tourist)	Number of Entries (single / multiple)	Date of Travel
1			<input type="text" value="DDMMYY"/>
2			<input type="text" value="DDMMYY"/>
3			<input type="text" value="DDMMYY"/>

Applicant Passport Details

Full Name (As in passport.)	Passport Number	Issue Date	Expiry Date	UK Visa Type	Expiry Date
1		<input type="text" value="DDMMYY"/>	<input type="text" value="DDMMYY"/>		<input type="text" value="DDMMYY"/>
2		<input type="text" value="DDMMYY"/>	<input type="text" value="DDMMYY"/>		<input type="text" value="DDMMYY"/>
3		<input type="text" value="DDMMYY"/>	<input type="text" value="DDMMYY"/>		<input type="text" value="DDMMYY"/>

Return Instructions Please indicate how you would like your documents returned

If posting, please supply postal address	<input type="checkbox"/> Post it back by Royal Mail Special Delivery Between 9am-1pm service - £7.50 Postage Fee applies <input type="checkbox"/> Will collect in person at the Nexus Visas Office <input type="checkbox"/> Other
Post Code	<input type="checkbox"/> If other, please specify

Payment Details

We accept payment by cash if applying in person at our Office, otherwise Cheque/Postal Orders payable to Nexus Immigration Ltd if posting. Alternatively you can make payment via bank transfer or credit/debit card using the following account details:

Bank Details Bank: HSBC Account Number: 31481452 Sort Code: 40-46-22

Card Payments

Card Type	<input type="checkbox"/> Visa / Electron <input type="checkbox"/> MasterCard / Amex <input type="checkbox"/> Maestro / Solo <input type="checkbox"/> Long Card Number
Card Details	Valid from <input type="text" value="MMYY"/> Expiry Date <input type="text" value="MMYY"/> Card Security Number (CSV) <input type="text"/> Issue Number (if applicable) <input type="text"/>
Name on card	Cardholder's Signature <input type="text"/> Date <input type="text" value="DDMMYY"/>

Documents Included

<input type="checkbox"/> Your Passport	<input type="checkbox"/> Spouse's Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Original Tickets <small>Only tick if providing original flight or Eurostar tickets or Original Vouchers</small>
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How did you hear about us?

<input type="checkbox"/> IMS	<input type="checkbox"/> 1st Contact	<input type="checkbox"/> OVC	<input type="checkbox"/> Return Client	<input type="checkbox"/> Gumtree	<input type="checkbox"/> Google	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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Acceptance of the Nexus Visas Terms and Conditions

I hereby confirm acceptance of the Nexus Standard Terms and Conditions as summarized here. All service fees, including embassy fees must be paid at time of application. Service fees are non-refundable once submitted to the Embassy. Nexus will not be held responsible for any expenses occurred due to delays or refusal of visas. Applicants declare that all information provided will be accurate and if not, Nexus reserves the right to take any action it deems appropriate. Nexus cannot guarantee any visas, this is determined by the Embassy. While every endeavor will be made to ensure that the correct documentation is presented at time of application, the Embassy may still choose not to grant the visa without explanation.

Applicant's Name	Applicant's Signature
Date <input type="text" value="DDMMYY"/>	

For Office Use Only

Date Received <input type="text" value="DDMMYY"/>	Paid by <input type="text"/>
<small>Cash / Card / Cheque / Postal Order</small>	
Embassy Fee <input type="text"/>	Service Fees <input type="text"/> Amount Paid <input type="text"/>



Application for Schengen Visa



This application is free

1. Surname (Family name) (x)				FOR OFFICIAL USE ONLY Date of application: Visa application number:					
2. Surname at birth (Former family name(s)) (x)									
3. First name(s) (Given name(s)) (x)									
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality Application lodge at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> em Prestadores de serviços comerciais <input type="checkbox"/> em Intermediários comerciais <input type="checkbox"/> na fronteira					
		6. Country of birth				Nationality at birth, if different:			
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Feminino		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 (please specify)				Name: <input type="checkbox"/> Other			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian						File handled by:			
11. Nacional identify number, where applicable						Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:			
12. 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 (please specify):						Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LVT <input type="checkbox"/> Valid: From Until			
13. Number of travel document		14. Date of issue		15. Valid until		16. Issued by			
17. Applicant's home address and e-mail address				Telephone number(s)				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> Não <input type="checkbox"/> Yes. Residence permit or equivalent.....No Valid until						Number of days:			
* 19. Current occupation									

* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.	
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)	
22. Member State(s) of destination	23. Member State of first entry
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days

* The fields marked with * shall not be filled in 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.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date of validity from a	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by valid from to	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax
*32. Name and address of inviting company/organization	Telephone and telefax of comp./organization
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organization	

*33. Cost of travelling and living during the applicant's stay is covered	
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (pls. specify):	<input type="checkbox"/> by a sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> others (please specify): Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (pls. specify):

34. Personal data of the family member who is an EU, EEA or CH citizen		
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen		
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Dependent ascendant		
36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian):	

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No 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 States.

I am aware of and consent to the following: the collection of the data required by the 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 my personal data concerning me which appear on the visa application form, 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 application.

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)¹ 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 State 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 who do not or who no longer fulfil 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 prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: [...]

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 processed 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 authority of that Member State [contact details] will hear claims concerning the protection of personal data.

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

Place and date	Signature (for minors, signature of parental authority/legal guardian):
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¹ In so far as the VIS is operational.