Application for Schengen Visa

This application is free

FOTO

1. Surname (Family name) (x) SAE CHUNG

2. Surname at birth (Former family name(s)) (x) SAE CHUNG

3. First name(s) (Given name(s)) (x) WIWAT

4. Date of birth (day-month-year)
20-12-1956

5. Place of birth
SONGKHLA

6. Country of birth
THAILAND

7. Current nationality
THAILAND

Nationality at birth, if different:
THAILAND

8. Sex
☒ Male ☐ Female

9. Marital status
☒ Single ☐ Married ☐ Separated ☐ Divorced
☐ Widow(er) ☐ Other (please specify)

10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian

11. National identify number, where applicable
3909800956022

12. Type of travel document:
☒ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport
☐ Other travel document (please specify):

13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by
AB459342	23-01-2020	22-01-2025	THAILAND

17. Applican'ts home address and e-mail address
CHEIUMRAT HATYAI 90110, AE_Y0305@HOTMAIL.COM

Telephone number(s)
66629624641

18. Residence in a country other than the country of current nationality
☒ Não
☐ Yes. Residence permit or equivalent…….....No ..... Valid until

*** 19. Current ocupation**
FASHION, COSMETICS

FOR OFFICIAL USE ONLY

Date of application:

Visa application number:

Application lodge at
☐ Embassy/consulate
☐ CAC
☐ em Prestadores de serviços
☐ em Intermediários comerciais
☐ na fronteira

Name:

☐ Other

File handled by:

Supporting documents:
☐ Travel document
☐ Means of subsistence
☐ Invitation
☐ Means of transport
☐ TMI
☐ Other:

Visa decision:
☐ Refused
☐ Issued:
☐ A
☐ C
☐ LVT
☐ Valid:
From
Until

Number of entries:
☐ 1 ☐ 2 ☐ Multiple

Number of days:

*** 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.** TAWAN, CHEIUMRAT HATYAI 90110, 66635395549	
21. Main purpose(s) of the journey: ☒ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit ☐ Medical reasons ☐ Study ☐ Transit ☐ Airport transit ☐ Other (please specify)	
22. Member State(s) of destination PORTUGAL	**23. Member State of first entry** PORTUGAL
24. Number of entries requested ☐ Single entry ☐ Two entries ☒ Multiple entries	**25. Duration of the intended stay or transit** Indicate number of days 11

* **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 ☐ No ☒ Yes. Date of validity from ...11-03-2019a	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa ☐ No ☒ Yes. ..... Date, if known	
28. Entry permit for the final country of destination, where applicable 09-06-2019 Issued by ….....valid from .....to …….	
29. Intended date of arrival in the Schengen area 12-04-2020	**30. Intended date of departure from the Schengen area** 22-04-2020
*** 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)** CHARM DISCOVERY AUREA 71	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) RUA DO CRUCIFIXO LISBON 1100228, PORTUGAL	**Telephone and telefax** 919847419
***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**	
☒ by the applicant himself/herself Means of support ☒ Cash ☐ Traveller's cheques ☐ Credit card ☐ Prepaid accommodation ☐ Prepaid transport ☐ Other (pls. specify):	☐ by a sponsor (host, company, organization), please specify ☐ referred to in field 31 or 32 ☐ others (please specify): Means of support ☐ Cash ☐ Accommodation provided ☐ All expenses covered during the stay ☐ Prepaid transport ☐ 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 na EU, EEA or CH citizen ☐ Spouse ☐ Child ☐Grandchild ☐ 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 fulfill 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 the Directorate General for the Consular Affairs and the Portuguese Communities (DGACCP).

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 [Portuguese Data Protection Commission (CNPD) – Rua de São Bento nº. 148 – 3º, 1200-821 Lisboa – www.cnpd.pt] 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.