



Application for Schengen Visa

FOTO

This application is free

1. Surname (Family name) (x) ARANYICHON				FOR OFFICIAL USE ONLY Date of application: Visa application number:	
2. Surname at birth (Former family name(s)) (x) SAE CHUNG					
3. First name(s) (Given name(s)) (x) ARUNEE					
4. Date of birth (day-month-year) 02-11-1955	5. Place of birth BANGKOK 6. Country of birth THAILAND		7. Current nationality THAILAND Nationality at birth, if different: THAILAND	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:	
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 4101700092598					
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 AB210980	14. Date of issue 28-08-2018	15. Valid until 27-08-2023	16. Issued by PORTUGAL		
17. Applicant's home address and e-mail address PETCHABURI RD BANGKOK 10400, ARUNEE_NR36@YAH00.COM			Telephone number(s) 66989639145		
18. Residence in a country other than the country of current nationality ☒ Não ☐ Yes. Residence permit or equivalent.....No Valid until					
* 19. Current occupation SELF-EMPLOYED					

* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. ARUNEE SHOP, PETCHABURI RD BANGKOK 10400, 6622506462	
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 ..11-03-2019		
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 an 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 n.º 148 – 3.º, 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.