



STAMPOF EMBASSY  
OR CONSULATE

PHOTOGRAPH

## Application for Bulgarian Visa

/The application form is provided free of charge/

1. SURNAME		<b>FOR VISA ISSUING AUTHORITY USE ONLY</b>  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:		

<b>28. TRAVELS ABROAD IN THE PAST FIVE YEARS</b>			<b>FOR VISA ISSUING AUTHORITY USE ONLY</b>
<b>29. PURPOSE OF TRAVEL</b> <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): .....			
<b>30. DATE OF ARRIVAL</b>		<b>31. DATE OF DEPARTURE</b>	
<b>32. BORDER OF FIRST ENTRY OR TRANSIT ROUTE</b>		<b>33. MEANS OF TRANSPORT</b>	
<b>34. DETAILS ABOUT HOST PERSON, ORGANIZATION OR HOTEL</b>			
Full name of person/Name of organization or hotel		Telephone and fax	
Full address		E-mail address	
<b>35. WHO IS PAYING FOR YOUR TRIP AND FOR YOUR COSTS OF LIVING DURING YOUR STAY?</b> <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (State who and how and present corresponding documentation): .....			
<b>36. MEANS OF SUPPORT DURING YOUR STAY</b> <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:.....			
<b>37. SPOUSE'S FAMILY NAME</b>		<b>38. SPOUSE'S EARLIER FAMILY NAMES</b>	
<b>39. SPOUSE'S FIRST NAME</b>	<b>40. SPOUSE'S DATE OF BIRTH</b>	<b>41. SPOUSE'S PLACE OF BIRTH</b>	
<b>42. CHILDREN</b>			
Middle name and family name	First name	Date of birth	
1.			
2.			
3.			
<b>43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU RELY ON</b> (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><b>44.</b> 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>			
<b>45. APPLICANT'S HOME ADDRESS</b>		<b>46. TELEPHONE NUMBER</b>	
<b>47. PLACE AND DATE</b>		<b>48. SIGNATURE</b>	