|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*32. Name and address of inviting company/organisation  **TERRAMAR TOUR, S.L., Pi i Maragall 5,**  **1-5, Lloret de Mar, 17310, Girona**  **TRAVEL PROFESSIONAL GROUP**  **Krasnoarmeyskaya str., 34** | |  |  | Telephone and telefax of company/organisation  **Tel: + 34 972 37 31 38**  **Fax: +34 902 87 63 39**  **Tel.:+38 044 545-44-44** |  |
| Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation  **IGOR ROTENSHTEYN**  **ANNA MESIATS** | | | | |
| \*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**  **□ Pre-paid accommodation**  **□ Pre-paid transport** | | □ by a sponsor (host, company, organization), please specify  □ referred to in field 31 or 32  □ other (please specify)  Means of support  □ Cash  □ Accommodation provided  □ All expenses covered during the stay  □ Pre-paid transport  □ Other (please 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 this 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 any 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 States 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 the prevention, detection and investigation of terrorist offences and of other serious criminal | |
| offences. In Spain, the authority responsible for processing the data is the consular post at which the | |
| visa was applied for. | |
| 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 [in the Spanish case, the *Agencia Espaсola de* | |
| *Protecciуn de Datos*; calle Jorge Juan 6, 28001 - Madrid (Spain) – [www.agpd.es](http://www.agpd.es)] 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): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*32. Name and address of inviting company/organisation  **TENERIFE PRESTIGE, S.L.,AV-DA NOELIA AFONCO,4, LOCAL 15, ARONA, 38660, TENERIFE, SPAIN**  **TRAVEL PROFESSIONAL GROUP**  **Krasnoarmeyskaya str., 34** | |  |  | Telephone and telefax of company/organisation  **Tel: + 34 629 196 657**  **Fax: +34 922 78 81 68**  **Tel.:+38 044 545-44-44** |  |
| Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation  **OLEKSANDR KRYVKO**  **ANNA MESIATS** | | | | |
| \*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**  **□ Pre-paid accommodation**  **□ Pre-paid transport** | | □ by a sponsor (host, company, organization), please specify  □ referred to in field 31 or 32  □ other (please specify)  Means of support  □ Cash  □ Accommodation provided  □ All expenses covered during the stay  □ Pre-paid transport  □ Other (please 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 this 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 any 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 States 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 the prevention, detection and investigation of terrorist offences and of other serious criminal | |
| offences. In Spain, the authority responsible for processing the data is the consular post at which the | |
| visa was applied for. | |
| 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 [in the Spanish case, the *Agencia Espaсola de* | |
| *Protecciуn de Datos*; calle Jorge Juan 6, 28001 - Madrid (Spain) – [www.agpd.es](http://www.agpd.es)] 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): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*32. Name and address of inviting company/organisation  **VIAJES LIBRATUR S.L.**  **PASEO DE GRACIA, 59 1-2**  **08007 – BARCELONA, SPAIN**  **TRAVEL PROFESSIONAL GROUP**  **Krasnoarmeyskaya str., 34** | |  |  | Telephone and telefax of company/organisation  **Tel. 34 / 93 467 67 60**  **Fax. 34 / 902 930 199**  **Tel.:+38 044 545-44-44** |  |
| Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation  **LLUÍS ALBERT ARRAUT**  **ANNA MESIATS** | | | | |
| \*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**  **□ Pre-paid accommodation**  **□ Pre-paid transport** | | □ by a sponsor (host, company, organization), please specify  □ referred to in field 31 or 32  □ other (please specify)  Means of support  □ Cash  □ Accommodation provided  □ All expenses covered during the stay  □ Pre-paid transport  □ Other (please 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 this 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 any 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 States 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 the prevention, detection and investigation of terrorist offences and of other serious criminal | |
| offences. In Spain, the authority responsible for processing the data is the consular post at which the | |
| visa was applied for. | |
| 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 [in the Spanish case, the *Agencia Espaсola de* | |
| *Protecciуn de Datos*; calle Jorge Juan 6, 28001 - Madrid (Spain) – [www.agpd.es](http://www.agpd.es)] 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): |