

*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		
<input type="checkbox"/> <u>by the applicant himself/herself</u> Means of support <input type="checkbox"/> <u>Cash</u> <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> <u>Credit card</u> <input type="checkbox"/> <u>Pre-paid accommodation</u> <input type="checkbox"/> <u>Pre-paid transport</u>		<input type="checkbox"/> by sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (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"/> Pre-paid transport <input type="checkbox"/> 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
5. 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.		

*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		
<input type="checkbox"/> <u>by the applicant himself/herself</u> Means of support <input type="checkbox"/> <u>Cash</u> <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> <u>Credit card</u> <input type="checkbox"/> <u>Pre-paid accommodation</u> <input type="checkbox"/> <u>Pre-paid transport</u>		<input type="checkbox"/> by sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (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"/> Pre-paid transport <input type="checkbox"/> 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
5. 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.		

*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		
<input type="checkbox"/> <u>by the applicant himself/herself</u> Means of support <input type="checkbox"/> <u>Cash</u> <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> <u>Credit card</u> <input type="checkbox"/> <u>Pre-paid accommodation</u> <input type="checkbox"/> <u>Pre-paid transport</u>		<input type="checkbox"/> by sponsor (host, company, organization), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (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"/> Pre-paid transport <input type="checkbox"/> 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
5. 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 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 Española de Protección de Datos*; calle Jorge Juan 6, 28001 - Madrid (Spain) – 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):