34 Personal data of the family member who	is an EU, EEA or CH ci	tizen		
Surname		First name(s)		_
Date of birth	Nationality		Number of travel document or ID card	_
35 Family relationship with an EU, EEA or C	H citizen			_
spouce child grandchild dependent ascendant 36 Place and date 37 Signature (for minors, signature of parental authority/legal				
36 Place and date		guardian)	inors, signature of parental authority/legal	
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 subsequent visits to the territory of Member States.				
applicable, the taking of fingerprints, a	re mandatory for the as my fingerprints ar	e examination of the nd my photograph	ired by this application form and the ta e visa application; and any personal dat will be supplied to the relevant authorit lication.	a concerning me which appear
entered into, and stored in the Visa In authorities and the authorities compete authorities in the Member States for the Member States are fulfilled, of idendetermining responsibility for such example and to Europol for the purpose of the p	formation System (Vent for carrying out of the purposes of verifitifying persons who mination. Under certairevention, detection	(IS) (1) for a maximuse the cks on visas at expension whether the codo not or who no lain conditions the dand investigation of	or a decision whether to annual, revoke num period of five years, during which in external borders and within the Member Sonditions for the legal entry into, stay altonger fulfil these conditions, of examinata will be also available to designated a of terrorist offences and of other serious in Affaires of Finland, PO Box 176, 0002.	it will be accessible to the visa States, immigration and asylum nd residence on the territory of an asylum application and of uthorities of the Member States criminal offences. The authority
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 (Office of the Data Protection Ombudsman, PO Box 315, 00181 Helsinki, Finland, e-mail: tietosuoja@om.fi) 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 any may also render me liable to prosecution under the law of the Member State which deals with the application.				
one of the prerequisites for entry into that I will be entitled to compensation i	he European territory f I fail to comply with	of the Member St the relevant provis	e visa, if granted. I have been informed to ates. The mere fact that a visa has been sions of Article 5(1) of Regulation (EC) No cked again on entry into the European	granded to me does not mean b. 562/2006 (Schengen Borders
Place and date		Signature (for minor	rs, signature of parental authority/legal guardia	an)
(1) In so far as the VIS is operational				