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Application for Bulgarian Visa

/The application form is provided free of charge/

| | | | |
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| 1. SURNAME | | FOR VISA ISSUING AUTHORITY USE ONLY | |
| 2. EARLIER SURNAMES / OTHER SURNAMES | | | |
| 3. FIRST NAME | | | |
| 4. DATE OF BIRTH (year - month - day) | | Date of application: | |
| 5. NATIONAL ID NUMBER (if any) | | File handled by : | |
| 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 | | | |
| 20. EMPLOYER AND EMPLOYER'S ADDRESS AND TELEPHONE NUMBER (for students: name and address of school) | | | |
| 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 | |
| | | 23. VISA: <input type="checkbox"/> Individual <input type="checkbox"/> Group | |
| 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 | | | |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple | | | |
| 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: | | | |
| Valid from: To: Valid for: days | | | |
| 27. A. ADDRESS in RSA: TOWN, AREA, POSTAL CODE, STREET | | | |

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| 28. TRAVELS ABROAD IN THE PAST FIVE YEARS | | FOR VISA ISSUING AUTHORITY USE ONLY |
| 29. PURPOSE OF TRAVEL <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): | | |
| 30. DATE OF ARRIVAL | 31. DATE OF DEPARTURE | |
| 32. BORDER OF FIRST ENTRY OR TRANSIT ROUTE | 33. MEANS OF TRANSPORT | |
| 34. DETAILS ABOUT HOST PERSON, ORGANIZATION OR HOTEL | | |
| Full name of person/Name of organization or hotel | Telephone and fax | |
| Full address | E-mail address | |
| 35. WHO IS PAYING FOR YOUR TRIP AND FOR YOUR COSTS OF LIVING DURING YOUR STAY? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (State who and how and present corresponding documentation): | | |
| 36. MEANS OF SUPPORT DURING YOUR STAY <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: | | |
| 37. SPOUSE'S FAMILY NAME | 38. SPOUSE'S EARLIER FAMILY NAMES | |
| 39. SPOUSE'S FIRST NAME | 40. SPOUSE'S DATE OF BIRTH | |
| | 41. SPOUSE'S PLACE OF BIRTH | |
| 42. CHILDREN | | |
| Middle name and family name | First name | |
| | Date of birth | |
| - | | |
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| 43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU RELY ON (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 | | |
| 44. 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. 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. I undertake to leave the territory of the Republic of Bulgaria upon the expiry of the visa. I have been informed that possession of a visa is not the only prerequisite for entry into the territory of the Republic of Bulgaria. | | |
| 45. APPLICANT'S HOME ADDRESS | 46. TELEPHONE NUMBER | |
| 47. PLACE AND DATE | 48. SIGNATURE | |