填写后请单面打印

Harmonised application form / 统一申请表
Application for Schengen Visa / 申根签证申请
This application form is free / 此表格免费提供

 [1]

Family members of EU, EEA or CH citizens shall not fill in fields no.21, 22, 30, 31 and 32 (marked with*). /欧盟、欧洲经济区或瑞士公民的家庭成员，不得填写第 21、22、30、31 和 32 项（标有*的部分）
Fields 1-3 shall be filled in in accordance with the data in the travel document. / 第 1-3 项须依据旅行证件填写相关资料.

1. Surname (Family name) / 姓:
Zhang

2. Surname at birth (Former family name(s)) / 出生时姓氏:

3. First name(s) (Given name(s)) / 名:
Mou

4. Date of birth (day-month-year) / 出生日期 (日-月-年):
01-01-1990

5. Place of birth /出生地:
Beijing

6. Country of birth /出生国:
China

7. Current nationality / 现国籍:
Chinese

Nationality at birth, if different /出生时国籍，如与现国籍不同:

Other nationalities /其他国籍:

8. Sex / 性别:

▣ Male /男 □ Female /女

9. Civil status / 婚姻状况:

□ Single / 未婚 ▣ Married / 已婚 □ Registered Partnership / 注册伴侣关系 □ Separated / 分居 □ Divorced / 离婚 □ Widow(er) / 丧偶 □ Other (please specify) / 其它（请注明）:

10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality) / 父母（如是未成年申请人）/合法监护人（姓名、住址，如与申请人不同) 电话号码、电子邮件及国籍:

11. National identity number, where applicable /公民身份证号码，如适用:

- **110000000000000**

12. Type of travel document / 旅行证件类型:

□ Ordinary passport/普通护照 □ Diplomatic passport/外交护照 □ Service passport/公务护照
▣ Official passport/因公护照 □ Special passport/特殊护照

□ Other travel document (please specify) / 其它旅行证件（请注明）:

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签证机关专用

Date of application:

Application number:

Application lodged at:

□ Embassy/consulate
□ Service provider
□ Commercial intermediary

□ Border (Name):

……

□ Other:

File handled by:

Supporting documents:

□ Travel document
□ Means of subsistence
□ Invitation
□ TMI
□ Means of transport
□ Other:

Visa decision:

□ Refused
□ Issued:
□ A
□ C
□ LTV
□ Valid:

From:

Until:

Number of entries

□1 □ 2 □ Multiple

Number of days:

[1] No logo is required for Norway, Iceland, Liechtenstein and Switzerland.
挪威、冰岛、列支敦士登和瑞士无需此标志。

13. Number of travel document/ 旅行证件编号: **PE0000000**	14. Date of issue/ 签发日期: **01-01-2020**	15. Valid until /有效期至: **01-01-2025**	16. Issued by (country) / 签发（国）: **China**

17. Personal data of the family member who is an EU, EEA or CH citizen if applicable /如有家庭成员为欧盟、欧洲经济区或瑞士公民的，请填写该家庭成员的个人信息:

Surname (Family name) /姓:	First name(s) (Given name(s)) /名:

Date of birth (day-month-year) / 出生日期(日-月-年):	Nationality / 国籍:	Number of travel document or ID card / 旅行证件或身分证编号:

18. Family relationship with an EU, EEA or CH citizen, if applicable /申请人与欧盟、欧洲经济区或瑞士公民的关系，如适用:

□ spouse /配偶 □ child / 子女 □ grandchild /孙儿女 □ dependent ascendant /受养人
□ Registered Partnership /注册伴侣 □ other /其他:

19. Applicant's home address and e-mail address /申请人住址及电子邮件 **1-1-1, **Apartment, ** Road, ** District, Beijing, China ****@cashq.ac.cn**	Telephone no./ 电话号码: **13700000000**

20. Residence in a country other than the country of current nationality /是否居住在现时国籍以外的国家:

□ No/否
□ Yes. Residence permit or equivalent …… No. …….. Valid until……
是。 居住许可或同等证 …… 编码
……..有效期至……

*21. Current occupation/ 当前职业:
Assistant Research

* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment /工作单位名称，地址和电话，学生填写学校名称及地址:
Inst. of **.CAS**
No.**, ** Road, ** District, Beijing, China**
TEL:010-** ****

23. Purpose(s) of the journey/旅程主要目的:

□ Tourism /旅游 ▣ Business /商务 □ Visiting Family or Friends/探亲访友
□ Cultural /文化 □ Sports /体育 □ Official visit /官方访问
□ Medical reasons /医疗 □ Study /学习 □ Airport transit / 机场过境
□ Other (please specify) / 其它 (请注明）

24. Additional information on purpose of stay / 有关停留原因的补充信息:
Attend the conference

25. Member State of main destination (and other Member States of destination, if applicable) /主要申根目的地 （以及其他申根目的地，如适用）: **Hungary**	26. Member State of first entry /首入申根国: **German(请按机票订单填写，包含经停国家)**

27. Number of entries requested /申请入境次数:

▣ Single entry / 单次 □ Two entries / 两次 □ Multiple entries / 多次

Intended date of arrival of the first intended stay in the Schengen area: Intended date of departure from the Schengen area after the first intended stay / 在申根地区预计首次停留的预计抵达日期：在申根地区预计首次停留之后的预计离开日期:

20-11-2020 **25-11-2020** 所有涉及到出入境时间的内容，请严格保持一致

28. Fingerprints collected previously for the purpose of applying for a Schengen visa /以往申请申根签证是否有指纹纪录: ▣ No /否 □ Yes/ 是.

Date, if known /如有，请写明日期……

Visa sticker number , if known /如有，请写明签证贴纸号码

……

29. Entry permit for the final country of destination, where applicable / 最后目的地之入境许可:

Issued by / 签发机关……..Valid from / 有效期由

……until / 至……

* 30. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) /申根国的邀请人姓名。如无邀请人，请填写申根国的酒店或暂住居所名称:

请按邀请信填写

Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) / 邀请人/酒店/暂住居所的地址及电子邮件: **请按酒店订单填写**	Telephone no / 电话号码:

*31. Name and address of inviting company/organisation / 邀请公司或机构的名称及地址:

请按邀请信填写

Surname, first name, address, telephone no, and e-mail address of contact person in company/organisation /邀请公司或机构的联系人姓名、地址、电话号码及电子邮件: **请按邀请信填写**	Telephone no of company/organisation /邀请公司或机构的电话号码:

*32. Cost of travelling and living during the applicant's stay is covered /旅费以及在国外停留期间的生活费用:

▣ by the applicant himself/herself / 由申请人支付 Means of support / 支付方式 ▣ Cash / 现金 □ Traveller's cheques / 旅行支票 □ Credit card / 信用卡 □ Prepaid accommodation / 预缴住宿 □ Prepaid transport / 预缴交通 □ Other (please specify) / 其它(请注明)	◪ by a sponsor (host, company, organisation), please specify / 由赞助方（邀请人、公司或机构）支付，请注明: □ referred to in field 30 or 31 参见第 30 及 31 项 □ other (please specify) /其它（请注明） Means of support / 支付方式 □ Cash / 现金 ▣ Accommodation provided / 提供住宿 □ All expenses covered during the stay / 支付旅程期间所有开支 □ Prepaid transport / 预缴交通 □ Other (please specify) /其它(请注明)

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: 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 application; and any personal data concerning me which appear on the 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 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) 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. The authority of the Member State responsible for processing the data is: [National Directorate-General for Aliens Policing – 1117 Budafoki út 60.; Telephone:+36 (1) 463 9100].

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 Member State concerned. The national supervisory authority of that Member State [contact details: Hungarian National Authority for Data Protection and Freedom of Information – 1530 Budapest Pf. 5.; Telephone: +36 (1) 391 1400; e-mail: ugyfelszolgalat@naih.hu] 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 6(1) of Regulation (EU) No 2016/399 (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.

本人悉知即使签证被拒也不能退还签证费。

适用于申请多次入境签证：

本人悉知须预备有足够保额的旅游医疗保险作为首次及其后各次出发到申根国家领域之用

本人知悉并同意以下条款：该申请表中所有关于本人的个人信息、照片或采集的指纹样本均为审核本人的签证所需。本人在该申请表中所填写的所有个人信息、指纹样本和照片均可提供给申根国家的相关主管部门，以便其受理本人的签证申请并对申请作出决定。

该信息以及签证结果甚或签证注销、撤消或延期的决定将一并收录到签证信息系统（VIS 系统）并最长保存五年，在此期间，所有申根成员国的相关签证部门、边境及境内的签证检查部门以及移民局和难民局均有权登入 VIS 系统，核查签证申请人是否已满足入申根国境并在境内停留的相应前提条件；核实不满足或不再满足该前提条件的签证申请人；审核难民申请并确定出该申请的主管部门。必要时，各申根成员国的特定部门以及欧盟刑警组织均有权参考该信息，用于预防、侦察和调查恐怖活动及其它严重犯罪行为。负责管理该类信息的部门是: [地址: 1117 Budafoki út 60.; 电话:+36 (1) 463 9100).

本人知悉本人有权要求任何一个申根成员国告知 VIS 系统中都收录了本人哪些个人信息，是由哪个申根成员国收录进去的。除此之外，本人亦有权申请更正系统中收录的错误信息并删除不合法信息。审核本人签证申请的领事机构会应本人要求提供相关说明性信息，如签证申请人应如何行使审核个人信息的权力，依据相关申根成员国的法律规定，要求更正甚或删除不正确的个人信息的权力，并向相关申根成员国的主管部门 [详细联系信息: 地址:1530 Budapest Pf. 5.; 电话: +36 (1) 391 1400; 邮箱: ugyfelszolgalat@naih.hu] 就个人信息保护事宜依法申诉的权力。

本人确保以上信息均系本人如实提供，确保信息正确而完整。本人知悉提供虚假信息可导致本人签证申请被拒签或已得到的签证被注销甚或受理本人签证的申根国会因此而对本人追究刑事责任。

如本人的签证申请被批准，本人有义务在签证到期前离开申根国境。本人亦获悉得到签证仅是具备了进入申根国境的前提条件之一，如果本人因未满足编号为(EU) No 2016/399 的《申根边境法》中第 6 条第 1 款中所述前提条件而被拒绝入境，本人不得要求赔偿。在进入申根成员国的领土时，入境条件将被再次审核。

Place and date/ 地区及日期:	Signature: 中、英文签名 (signature of parental authority/legal guardian, if applicable): 签字（未成年人由其监护人代签，如有）
Beijing **25-10-2020**	