

RÉPUBLIQUE FRANÇAISE.

French overseas territories Visa application form

tion form PHOTO

Art. L211-1 and L611-6 of the Code for Entry and Residence of Foreigners and Right of Asylum (CESEDA)

This form is valid for: Guadeloupe, French Guiana, Martinique, Réunion Island, Mayotte, New Caledonia, French Polynesia,

Saint-Barthélemy, Saint Martin, Saint Pierre and Miquelon, French Southern and Antarctic Lands and the islands of Wallis and Futuna

1/2

(1) Fields 1-3 shall be filled in in acco	ordance with	the data in the trav	el document	t.				
1. Surname [Family name] (1):							For official use only Date of application:	
2. Surname at birth [Former family name(s)] (1):							Visa application number:	
3. First name(s) [Given name(s)] (1):							File handled by :
4. Date of birth 5. Place of birth:			7. Current nationality :				he handled by .	
(day-month-year) :	6. Country of birth :			Nationality at birth, if different			i	Application lodged at: Embassy/consulate:
8. Sex : 9. Marital status : Single Married Other (please spec			rried 🔲 Se	ied				☐ Prefecture ☐ CAC ☐ Service provider ☐ Commercial intermediary ☐ Border
10. In the case of minors: Surname authority/legal guardian:	, first name	, address (if differe	ent from ap	plicant's) an	d nation	nality of parental		Nom:
11. National identity number, when	re applicable	1						Other:
12. Type of travel document: Ordinary passport Diplomatic passport Service passport Official passport Special passport Other travel document (please specify):						0	iupporting documents : Travel document Means of subsistence Invitation	
13. Travel document number :	14. I	Date of issuance :	15. Va	lid until		16. Issued by	j	☐ Means of transport ☐ TMI
17. Applicant's home address and e-mail address : Telephone number(s) :							7	Other:
								∕Isa decision : ☐ Refused
18. Residence in a country other than the country of current nationality : No Yes : Residence permit or equivalent N° :								Issued A
* 19. Current occupation								□C □LTV
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment :						f	Valid: rom	
21. Main purpose(s) of the journey	:						1	Number of days :
☐ Tourism ☐ Business ☐ ☐ Medical reasons ☐ Trans.					Off	icial visit 🔲 Studies		Number of entries :
	п 🗀 Лир			• //			——	J. G. D. Manapaev
22. Territory of destination :			3. Terrotiry	of first enti	ry :			
					Duration of the intended stay or transit dicate number of days :			
26. Schengen visa or French overso No Yes. Date(s) of validity								
27. Fingerprints collected previously for the purpose of applying for a Schengen visa or French overseas territories visas : No Yes Date, if known:						as:		
28. Entry permit for the final country of destination, where applicable : Issued by, valid fromuntil								

		Too x 111 51 6 1 F 1 2				
29. Intended date of arrival in the French terri	itory:	30. Intended date of departure from the French territory:				
* 31. Surname and first name of the inviting p Member State(s):	erson(s) in the Member State	(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the				
Address and e-mail address of inviting person accommodation(s):	(s)/hotel(s)/temporary	Telephone and telefax :				
* 32. Name and address of inviting company/	organisation :	Telephone and relefax of company/organisation:				
Surname, first name, address, telephone, telefa	ax, and e-mail address of con-	act person in company/organisation :				
* 33. Cost of travelling and living during the a	pplicant's stay is covered :					
□ by the applicant herself/himself Means of support: □ Cash		□ by a sponsor (host, company, organisation) Please specify: □ referred to in field 31or 32 □ other (please specify):				
☐ Traveller's cheques ☐ Credit card		Means of support:				
Pre-paid accomodation		Accomodation provided				
Pre-paid transport Other (please specify):		All expenses covered during the stay				
Other (please specify):		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 O	H citizen					
· •						
Spouse Child Gran	ndchild 🔲 Depender	a scendent				
36. Place and date :		37. Signature (for minors, signature of parental authority / legal guardian):				
36. Place and date :		37. Signature (for minors, signature of parental authority / legal guardian):				
36. Place and date : I am aware that the visa fee is not refunded if the	visa is refused.	37. Signature (for minors, signature of parental authority / legal guardian) :				
I am aware that the visa fee is not refunded if the I am aware of and consent to the following: the fingerprints, are mandatory for the examination of fingerprints and my photograph will be supplied to application.	collection of the data required of the visa application; and any the relevant authorities of the M	by this application form and the taking of my photograph and, if applicable, the taking of personal data concerning me which appear on the visa application form, as well as my fember States and processed by those authorities, for the purposes of a decision on my visa				
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^{*} The fields marked with * do not need to be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35. Visa applications for French overseas territories fall under an exception to regular rules of submission through electronic form (Order n°2015-1423 of November 5 2015 on exceptions to the enforcement of users' right of referral to the administration through electronic form.)