



Harmonised application form
Application for Schengen Visa
This application form is free



Family members of EU, EEA or CH citizens shall not fill in fields no.21, 22, 30, 31 and 32 (marked with*). Fields 1-3 shall be filled in in accordance with the data in the travel document.

1. Surname (Family name): Md Saddam Hoshin			For official use only Date of application: 26/08/2025 Application number: 52000474478
2. Father name: Md Abdul Aziz Kayal			
3. Mother name: Mst Jabada Begum			
Date of birth : (10/10/1994)	5.Place of birth: Satkhira 6.Country of birth: Bangladesh	7.Current nationality: Bangladeshi Nationality at birth, if different: Other nationalities:	Application lodged at: ☐ Embassy/consulate ☐ Service provider ☐ Commercial intermediary
8. Sex: ☐ Male	9. Civil status: ☐ Married		☐ Border (Name): ☐ Other:
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): Md Abdul Aziz Kayal, Islampur, Shyamnagar, Nokipur, Satkhira, +8801910672002, Bangladeshi.			File handled by:
11. National identity number, where applicable: 1490517404			Supporting documents: ☐
12. Type of travel document: ☐ Ordinary passport ☐ Diploma c passport ☐ Service passport ☐ Official passport ☐ Special passport ☐ Other travel document (please specify):			Travel document ☐ Means of subsistence ☐ Invitation
13. Number of travel 14. First	Date of issue: 15. Valid until: 16. 16/04/2023 15/04/2033	Issued by document: (country): Dhaka, Bangladesh	☐ TMI ☐ Means of transport ☐ Other:
17. Personal data of the family member who is an EU, EEA or CH citizen if applicable: N/A			
Surname (Family name): Hoshin		First name(s) (Given name(s)): Md Saddam	
Date of birth: (10/10/1994)	Nationality: Bangladeshi	Number of travel document or ID card: A01365162	Visa decision: ☐ Refused ☐ Issued: ☐ A ☐ C ☐ LTV
18. Family relationship with an EU, EEA or CH citizen if applicable: ☐ spouse ☐ child ☐ grandchild ☐ dependent ascendant ☐ Registered Partnership ☐ other:			☐ Valid:
19. Applicant's home address and e-mail address:		Telephone no.: +8801910672002	From: Until:
20. Residence in a country other than the country of current nationality: ☐ No ☐ Yes. Residence permit or equivalent No. Valid until.....			
21. Current occupation: Worker			Number of entries: ☐ 1 ☐ 2 ☐ Multiple Number of days:
22. Employer and employer's address and telephone number. For students, name and address of educational establishment:			
23. Purpose(s) of the journey: ☐ Job			
24. Additional information on purpose of stay: Job purpose stay			
25. Member State of main destination (and other Member States of destination, if applicable):		26. Member State of first entry: Italy	

27. Number of entries requested: Multiple entries 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:		
28. Fingerprints collected previously for the purpose of applying for a Schengen visa ☐ Yes. Date, if known Visa sticker number, if known		
29. Entry permit for the final country of destination, where applicable: Issued byValid fromuntil		
* 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):		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s):	Telephone no.:	
* 31. Name and address of inviting company/organisation:		
Surname, first name, address, telephone no., and e-mail address of contact person in company/organisation: travelvisa@gmail.com	Telephone no. of company/organisation: +393518674107	
* 32. Cost of travelling and living during the applicant's stay is covered: ☐ by the applicant himself/herself ☐ by a sponsor (host, company, organisa Means of support: ☐ referred to in field 30 or 31 ☐ other (please ☐ Cash specify): ☐ Traveller's cheques Means of support: ☐ Cash ☐ Pre-paid accommodation ☐ Accommoda on provided ☐ Pre-paid transport ☐ All expenses covered during the stay ☐ Other		on), please specify: (please specify): ☐ Pre-paid transport
<i>I am aware that the visa fee is not refunded if the visa is refused.</i>		
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>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.</i> <i>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: The Ministry of Foreign Affairs and International Cooperation (Piazzale della Farnesina 1, 00135 Roma, www.esteri.it, dgiti6@esteri.it).</i> <i>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 is the Italian Authority for Data Protection (Piazza Montecitorio 121, 00186 Roma, www.garanteprivacy.it; tel.: +3906696771).</i> <i>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> <i>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.</i>		
Place and date: 26/08/2025		Signature:(signature of parental authority/legal guardian, if applicable):