

PHOTOGRAPH

Your photograph must be: Passport style and size (size of image 45mm X 35mm.) A recent and true likeness, showing full face, with no hat, helmet or sunglasses although you can wear everyday glasses. Taken against a plain evenly lit and light background. Photographs that do not conform to above standards will be rejected and may cause a delay in processing the application.



Embassy of the Republic of Bulgaria
186-188 Queen's Gate
London SW7 5HL

Bulgarian Visa Application Form

/This application form is provided free of charge/

LON.....

1. SURNAME		FOR OFFICIAL USE ONLY
2. PREVIOUS/OTHER SURNAMES		
3. FIRST NAME		
4. DATE OF BIRTH YY/MM/DD	5. NATIONAL ID NUMBER (if any)	Date of application
6. PLACE AND COUNTRY OF BIRTH		File handled by :
7. NATIONALITY	8. PREVIOUS NATIONALITY (nationality at birth)	Supporting documents:
9. GENDER <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	<input type="checkbox"/> Valid passport
11. FATHER'S NAME	12. MOTHER'S NAME	<input type="checkbox"/> Financial means
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"/> Overseas passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please, specify).....		<input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport
14. PASSPORT NO	15. ISSUED BY	<input type="checkbox"/> Medical insurance
16. DATE OF ISSUE	17. VALID UNTIL	<input type="checkbox"/> Other
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 the permission)		
19. CURRENT OCCUPATION		Visa
20. EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)		<input type="checkbox"/> Refused <input type="checkbox"/> Granted
21. COUNTRY OF FINAL DESTINATION	22. TYPE OF VISA: <input type="checkbox"/> Airport transit <input type="checkbox"/> Short stay <input type="checkbox"/> Transit <input type="checkbox"/> Long stay	Type of visa <input type="checkbox"/> LTV <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> D+C
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	Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
26. OTHER BULGARIAN VISAS (issued during the past three years) AND THEIR DURATION		
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

28. TRAVELS ABROAD IN THE PAST FIVE YEARS		FOR OFFICIAL USE ONLY	
29. PURPOSE OF TRAVEL TO BULGARIA <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 IN BULGARIA	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 LIVING COSTS DURING YOUR STAY? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (Give name of person, manner of payment and supporting documents):.....			
36. FINANCIAL RESOURCES AVAILABLE 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 until			
37. SURNAME OF SPOUSE	38. MAIDEN NAME OF SPOUSE		
39. GIVEN NAME OF SPOUSE	40. DATE OF BIRTH OF SPOUSE		41. PLACE OF BIRTH OF SPOUSE
42. CHILDREN			
Surname	Given name	Date of birth	
1.			
2.			
3.			
43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU WILL BE SUPPORTED BY (This question should be answered only by family members of EU or EEA citizens.)			
Surname		Given name	
Date of birth	Nationality	Passport No	
Family relationship: to an EU or EEA citizen			
<p>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 entered into, and stored in databases.</p> <p>I declare that the above information is true and correct. I understand that any false statements I make may render me liable to prosecution under Bulgarian law and that this may result in the refusal of a visa or in the annulment of a visa already granted.</p> <p>I shall leave the territory of the Republic of Bulgaria upon the expiry of this visa.</p> <p>I have been informed that the possession of a visa is not the only condition for entry into the territory of the Republic of Bulgaria.</p>			
45. APPLICANT'S HOME ADDRESS		46. TELEPHONE NUMBER	
47. PLACE AND DATE	48. SIGNATURE		