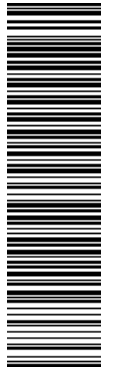


Mail documents to: VisaHQ.co.uk Ltd.  
113-117 Farringdon Road  
Unit 12 Ground Floor  
London EC1R 3BX

Tel: 0207 148 6117



## Sweden Tourist visa Application



### Please enter your contact information

**Name:**

**Email:**

**Tel:**

**Mobile:**

**The latest date you need your passport returned in time for your travel:**

**Important:** From 20 November 2015 every applicant aged 12 years and over must attend a biometrics appointment (10-digit finger scans and digital photograph to be taken) when applying for a visa for Sweden.

VisaHQ is able to assist the client with checking and reviewing application form to ensure accuracy and meeting with the requirements of the visa process, also we will assist you personally during the appointment not to queue up, and will collect your passport.

Upon placing your order, our visa specialist will contact you directly to talk through the process in more detail, determine if biometrics are required and if so, to arrange with you the most convenient time for you to attend the appointment at the Visa Application Centre.



### Sweden tourist visa checklist

**Filled out and signed Sweden tourist visa application form.** The form is enclosed.

**Passport**, with at least 2 blank pages, valid for at least 90 days beyond the return date of the trip to the Schengen Area and not issued more than 10 years ago as of the date of return from your scheduled trip.

**Passport-type photograph:** 2 recent (not older than 3 months), passport-size, UK standard, colour photo with white or grey background.

**Payment.** Credit Card Authorization form, Postal Order payable to **VisaHQ.co.uk**.

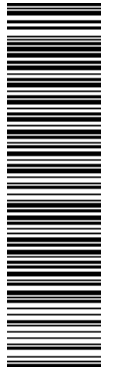
**Return mailer.** Prepaid self-addressed return label or payment for Royal Mail.

**Proof of Status.** Original ILR card or other proof of resident status in the UK, this should be valid for a minimum of six months upon date of entry to Sweden.

**Itinerary.** The full version of itinerary, showing exact dates of travel, sent directly from airline or travel agent. Please note that the number of entries on your visa will be based upon your itinerary.

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**Employment Letter.** An original letter from your employer/school (on business letterhead, with contact details). **manually signed**, dated up to day and stating that a leave of absence has been granted and that you will be returning to your current job. The Employment Letter must be addressed to Sweden High Commission. If you are self-employed, include a copy of your business license and tax return. If you are retired please submit proof of your retirement fund.

**Hotel reservation.** Copy of confirmed and fully paid hotel reservations including the name of the applicant, name and address of the hotel, duration of stay.

**Family Appendix.** Family Appendix for Applicants. This form is available here.

**Bank statements.** Original or copy of original three months bank statements, including the current month. They need to include the full address and name of the applicant, bank transactions and salary. The final balance needs to be of at least £600 plus it needs to show sufficient funds to pay the cost of the accommodation if not paid yet at the time of submission of the application. The bank statement should be stamped by the issuing bank.

**Travel insurance (all-risk medical travel insurance).** The travel insurance (Europe Schengen level 2 insurance) must be issued in the UK only - clearly showing the applicant's name - has to be valid throughout the complete territory of the Schengen Area and must cover the entire period of the applicant's intended stay in the Schengen Area; the minimum coverage for medical emergency and repatriation (in case of death clause included) must be €30,000

If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Royal Mail Special Delivery by 1 pm (Next Day) - from £11                       | <b>Name:</b>        |
| <input type="checkbox"/> Same day Central London courier delivery - from £15                             | <b>Company:</b>     |
| <input type="checkbox"/> Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25 | <b>Address:</b>     |
| <input type="checkbox"/> Royal Mail Special Delivery by 9 am (Next Day) - from £25                       | <b>City:</b>        |
| <input type="checkbox"/> Same Day Outside Central London - from £30                                      | <b>Postal code:</b> |
| <input type="checkbox"/> UK Next Day courier delivery - from £35   |                     |
| <input type="checkbox"/> Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from £35 |                     |
| <input type="checkbox"/> VHQ same day Central London - from £40  |                     |
| <input type="checkbox"/> Airport Service MEET&GREET - from £75   |                     |
| <input type="checkbox"/> Airport Delivery HEATHROW - from £80  |                     |
| <input type="checkbox"/> Airport Delivery GATWICK - from £90   |                     |
| <input type="checkbox"/> Prepaid self addressed mailer - £0  |                     |
| <input type="checkbox"/> Local pick up in London - £0  |                     |

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Tel: 0207 148 6117



## Sweden Tourist visa Application

	Type of visa	Validity	Processing time	Embassy fee	Service fee	VAT	Total
	Single entry	up to 90 days	7 workdays after appointment	£77.00	£79.90	£15.98	£172.88

This order is subject to Terms of Service, posted on VisaHQ website.  
All fees and requirements may change without notice.

Mail documents to: VisaHQ.co.uk Ltd.  
113-117 Farringdon Road  
Unit 12 Ground Floor  
London EC1R 3BX

Tel: 0207 148 6117



## Credit card authorization form

**By signing this form i accept VisaHQ.co.uk Terms of Service and authorize to charge my credit card for the amount of £**

Name on the Credit Card:

Credit card number: - - -

Exp. date: /

CVC: -

Credit Card Billing Address:

Signature:

Comments:

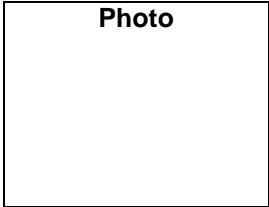
**Thank you!**  
**We accept all major credit cards.**





# Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only  Date of application:  Visa application number:  Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border  Name:  <input type="checkbox"/> Other:  File handled by:  Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:  Visa decision <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV  <input type="checkbox"/> Valid From..... Until ..... Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days:			
2. Surname at birth (Former family name(s)) (x)							
3. First name(s) (Given name(s)) (x)							
4. Date of birth (day-month-year)		5. Place of birth				7. Current nationality	
		6. Country of birth				Nationality at birth, if different	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)					
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian							
11. National identity number, where applicable							
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> <input type="checkbox"/> Other (please specify)							
13. Number of travel document		14. Date of issue	15. Valid until		16. Issued by		
17. Applicant's home address and e-mail address				Telephone number(s)			
18. Residence in a country other than that country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Resident permit or equivalent ..... No ..... Valid until							
* 19. Current occupation							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.							
21. Main purpose(s) of the journey <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons  <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)							
22. Member State(s) of destination			23. Member state of first entry				
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries			25. Duration of the intended stay or transit Indicate number of days				
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to.....							
27. Fingerprints collected previously for the purpose of applying for a Schengen Visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date if known.....							

The field marked with \* shall not be filled in by family members of EU,EEA or CH citizens (spous, 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.

(x) Fields 1-3 shall be filled in accordance with the data in travel document.

28. Entry permit for the final country of destination, where applicable Issued by ..... Valid from ..... Until.....		For official use only	
29. Intended date of arrival in the Schengen Area	30. Intended date of departure from the Schengen Area		
* 31. 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 and telefax		
* 32. Name and address of inviting company / organisation	Telephone and telefax of company / organisation		
Surname, first name, address, telephone, telefax and e-mail address of contact person in company / organisation			
* 33. Cost of traveling and living during the applicant's stay is covered <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by the sponsor (host, company, organisation), please specify ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <input type="checkbox"/> other (please specify)  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> 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 CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child ..... <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)		

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 (cf. field No 24):

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 State.

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 visa application; and any personal data concerning me which appear on the visa 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 visa 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) <sup>(1)</sup> 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 purpose 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 fulfill 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 Swedish Migration Board, 601 70 Norrköping, Sweden, [www.migrationsverket.se](http://www.migrationsverket.se).

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 the 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 national law of the State concerned. The national supervisory authority of that Member State (The Swedish Data Inspection Board, Box 8114, 104 20 Stockholm, Sweden, [www.datainspektionen.se](http://www.datainspektionen.se)) 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 State 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 5 (1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian)
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<sup>(1)</sup> In so far the VIS is operational.

## Family details

### Appendix to your application

Fylls i av Migrationsverket	
Dossiernummer	Signatur

**NOTE! Read this first!**

You must here list your (the applicant's) parents, husband/wife/partner, children and siblings. If any child is not your own biological child, you must state your relationship to that child and any half-siblings in section 6: 'Other information'. This form must also be filled in if you are applying for an extension.

You will also find this form and more information on our website [www.migrationsverket.se](http://www.migrationsverket.se). Please complete the form on a computer if possible, as it makes it easier for us to process your application.

#### 1. My personal details

Surname (Family name) and given name(s)	Date of birth (year, month, day; numbers if any)
---	--

#### 2. My husband/wife/partner

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	Deceased <input type="checkbox"/>
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number .....	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number .....	

#### 3. My children ( I do not have any children)

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year: )			
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number	

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)		Date of birth (yr, mth, day; numbers if any)	
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year: )			
Country and place of residence	Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number	

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

#### 4. My parents

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

\* Registered partners are counted as married



**5. My siblings** ( I have no siblings)

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

Surname (Family name)		Previous surname(s) (if any)	
Given name(s) (in full)			Date of birth (yr, mth, day; numbers if any)
Citizenship	Previous/other citizenship, if any	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Applying together with me <input type="checkbox"/> No <input type="checkbox"/> Yes
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed (year:     )			
Country and place of residence		Has children in Sweden <input type="checkbox"/> No <input type="checkbox"/> Yes, number	Has children in another country <input type="checkbox"/> No <input type="checkbox"/> Yes, number

\* Registered partners are counted as married

**6. Other information**


**7. Signature**

..... Place and date	..... Signature (for minors: guardian's signature)