

## Application for an entry visa to the Republic of Moldova

This application form is free.

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1. Surname (Family name) (x)					For official use only.
2. Surname at the birth (Forme	Date of application:				
3. First name (s) (Given name (s)) (x)					Visa application number:
4. Date of birth (day-month-ye	ar) 5. Place of	f birth	7. Cu	rrent nationality	Application lodged at
	6. Country	y of birth	Natio	nality at birth, if different:	☐ Embassy/consulate
					□ CAC
8. Sex	9. Marital	status			☐ Service provider
☐ Male ☐ Female		☐ Married ☐ Separa		orced	☐ Commercial
	☐ Widow ☐ other (please specify)				intermediary
10. In the case of minors: Surna authority/legal guardian	☐ Border Name				
					Other
11. National identity number, w	here applicable				File handled by:
12. Type of travel document:	Supporting documents:				
☐ ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport					☐ Travel document
Other travel document ()	☐ Means of subsistence				
13. Number of travel document	14. Date of issue	15. Valid until		16. Issued by	☐ Invitation
17. Applicant's home address		Telephone number (s)		E-mail address	☐ Means of transport
					□ тмі
18. Residence in a country othe	than the country of currer	nt nationality			Other:
☐ No ☐ Yes. Residence permit or equivalent No					Visa decision:
Yes. Residence permit or equivalent No. Valid until					☐ Refused
19. Current occupation	☐ Issued:				
<ol> <li>Employer and employer's address and telephone number. For students, name and address of educational establishment.</li> </ol>					□ A
					□ с
21. Main purpose (s) of the jour	☐ LTV				
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports					☐ Valid:
□Official visit					from
Medical reasons					until
	Study Transit Airport transit Other (please specified)  Number of entries:				
22. Number of entries requested ☐ Single entry ☐ Two ent		23. Duration of the intended stay or transit			☐ 1 ☐ 2 ☐ Multiple
☐ Multiple entries		Indicate number of days  Number of days			
		1			

## PASSPORT AND VISA ONLINE.COM 1-866-618-VISA (8472)

24. Visas issued	for the Repub	ic of Moldova durir	g the pa	st 12 months		
☐ No	_					
☐ Yes. Da	Yes. Date(s) of validity from					
25. Fingerprints	collected prev	ously for the purpor	se of app	olying for a visa for the	Republic of Moldova	
□ No □ Y	es					
					Date, if known	
	246, 1 46.					
	26. Intended date of arrival on the territory of the Republic of Moldova			27. Intended date Republic of M	of departure from the territory of doldova	of the
		the inviting person(s) in the Republic of			If not applicable, name of hotel	(s) or
Address and e-ma				Telephone and tele	fax	
person(s)/hotel(s)	temporary acc	ommodation(s)				
29. Name and a	ddress of inviti	ng company/organiz	ation	Telephone and tele	fax of company/organization	
Surname, first nam	e, address, tele	phone, telefax and e	-mail ad	dress of contact person	n in company/organization	
30. Cost of trav	elling and livin	g during the applica	nt's stay	is covered		
☐ by the applicant himself/herself ☐ by			by a sponsor (host company, organization), please specify			
Means of support						
cash					referred to in field 28 or 29	
☐ Traveler's che				cify)		
☐ Credit cards			is of support			
pre-paid accor	re-paid accommodation		ash			
☐ Pre-paid trans			ccommodation provid			
others (please			ll expenses covered du	rring the stay		
_		e-paid transport				
			ther (please Specify)			
31. Personal da	31. Personal data of the family member which is citizen of the Republic of Moldova					
				_		
Surname				First name(s)		
D ( 0113		. v. v.			N 1 6. 7.	TD.
Date of birth		nationality			Number of travel document of card	or ID
Family relationsh	p with an citize	en of the Republic o	f Moldo	va	I	
spouse child child dependent ascendant						
32. Place and da	32. Place and date 33. Signature (for minors, signature of parental authority/legal			legal		
	guardian)					
I am aware that the	visa fee is not	refunded if the visa	is refuse	ed		
Applicable in case a multiple-entry visa is applied for (cf. field no. 22)						
I am aware of the	I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visits to the Republic of Moldova.					

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 Republic of Moldova and processed by those authorities, for the purposes of a decision on my visa application.

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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 SIA "Consul" System: 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 Republic of Moldova, immigration and asylum authorities in the Republic of Moldova for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Republic of Moldova 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 Republic of Moldova for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Republic of Moldova responsible for processing the data is: the Ministry of the Interior Affairs of the Republic of Moldova.

I am aware that I have the right to obtain in the Republic of Moldova notification of the data relating to me recorded in the SIA "Consul" System 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 Republic of Moldova. The national supervisory authority of the Republic of Moldova 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 Republic of Moldova which deals with the application.

I undertake to leave the territory of the Republic of Moldova 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 territory of the Republic of Moldova. 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 legislations of the Republic of Moldova and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Moldova.

Place and date	Signature (for minors, signature of parental authority/legal guardian)