

Republic of Bulgaria APPLICATION FOR ISSUING A NATIONAL VISA (TYPE D) This application form is free	PHOTOGRAPH
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Fields 1—3 shall be filled in in accordance with the data in the travel document.

I. Applicant's details			For official use only
1. Surname (Family name):			Date of application:
2. Surname at birth (Former family name(s)):			
3. First name(s) (Given name(s)):			
4. Date of birth (day-month-year):	5. Place of birth:	6. Country of birth:	Application number:
7. Current nationality:	Nationality at birth, if different:	Other nationality:	Name and signature of the official who received the visa application:
8. Previous nationalities (If 'Yes', please provide dates and reasons for acquisition and loss)			Supporting documents: ☐ Travel document ☐ Means of subsistence ☐ Invitation ☐ Travel medical insurance ☐ Means of transport ☐ Other:
9. Sex: ☐ Male ☐ Female	10. Residence (exact address)		Decision: ☐ Unacceptable ☐ Refused ☐ Issued Valid: From: To:
	Email address:		
	Telephone number:		
II. Travel document			Number of entries: ☐ One ☐ Multiple
11. Type of travel document: ☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport ☐ Other travel document (please specify):			Number of days allowed to reside:
12. Number of travel document	13. Date of issue:	14. Valid until:	15. Issued by (country):
16. National identity number, where applicable:			

III. Marital status

17. ☐ Single ☐ Married ☐ Registered partnership ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other (please specify):

18. Details of spouse/registered partner:

Surname (Family name)	Former family name(s)
Name/Names	Date of birth (day-month-year)
Current nationality/nationalities	Former nationality(ies)
Residence (Full and exact address)	

19. Data on children (including those over 18 years of age):

Surname (Family name)	First name(s) (Given name(s))	Date and place of birth	Nationality	Residence (full and exact address)

20. Parental rights (in the case of minors) / legal guardian: (surname (family name), first name(s) (given name), address, if different from those of the applicant, telephone number, email address and nationality):

IV. Purpose of the travel

21. Purpose(s) of the travel:

☐ Work ☐ Family reunion ☐ Cultural activity ☐ Sports ☐ Medical reasons ☐ Education ☐ Retired ☐ Other (please specify):

22. Intended date of arrival in the Republic of Bulgaria:

23. Have you previously resided in the Republic of Bulgaria?

☐ Yes ☐ No

If 'Yes', indicate the date and place of your residence during the last three visits (month/year):

from	to	in
1.		
2.		
3.		

24. Residence in a country other than the country of current nationality: ☐ No ☐ Yes. Residence permit or equivalent No. Validity until Residence from..... to	
25. Intended length of residence in Bulgaria: From: To:.....	
26. Intended place of residence on the territory of the Republic of Bulgaria:	
27. Do you also intend to live outside the Republic of Bulgaria? ☐ No ☐ Yes (please specify):	
28. Do any family members travel with you? ☐ No ☐ Yes (please specify):	
29. Current occupation:	
30. Employer and address and telephone number of the employer, inviting company or organisation. For students, name and address of educational establishment:	
31. Other information about the purpose of your residence:	
32. Have you had an application for a residence permit rejected or been refused entry to Bulgaria? ☐ No ☐ Yes If 'Yes', specify the period and the reason:	
33. Have you been convicted? ☐ No ☐ Yes If 'Yes', specify the country/countries and the offence for which you have been convicted and the type of sentence imposed:	
34. Have you ever been expelled or deported from the Republic of Bulgaria? ☐ No ☐ Yes If 'Yes', specify the period and the reason:	
35. Do you suffer from any of the following diseases: smallpox; polio; influenza types not common in humans (e.g. avian influenza, swine flu), acute pandemic influenza, severe acute respiratory syndrome (SARS), cholera, pneumonic plague, yellow fever, viral haemorrhagic fever (e.g. Ebola, Lassa, Marburg)? ☐ No ☐ Yes	
36. Cost of travelling and living during your stay is covered:	
☐ from own funds Means of support: ☐ Cash ☐ Traveller's cheques ☐ Credit card	☐ by a sponsor (host, company, organisation), please specify: ☐ by the legal entity indicated in field 30

☐ Pre-paid accommodation ☐ Pre-paid transport ☐ Other (please specify):	 ☐ Other (please specify): Means of support: ☐ Cash ☐ Accommodation provided ☐ All expenses covered during the stay ☐ Pre-paid transport ☐ Other (please specify):
I am aware that the visa fee is not refunded if the visa is refused. I am aware that I must have an adequate travel medical insurance for the duration of my first stay and for all subsequent visits to Bulgaria.	
I am aware that by submitting this application I 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 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 application. These data, as well as the data on the decision taken on my visa application or the decision to annul, 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 National Visa Information System (NVIS) 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. The authority of the Member State responsible for processing the data is: The Commission for Personal Data Protection At my express request, the authority examining my visa application will inform me of the manner in which I may exercise my right to check my personal data and have them corrected or deleted, including related judicial remedies according the national law of the Republic of Bulgaria. The national supervisory authority of the Republic of Bulgaria [Commission for Personal Data Protection, Address: 1592 Sofia, 2 Prof. Tsvetan Lazarov 2, E-mail: kzld@cpdp.bg, Website: www.cdpd.bg] 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 the accepted application for issuance of a visa and the documents attached thereto certifying the purpose of the travel do not give rise to an obligation to issue a visa. 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 Republic of Bulgaria 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 Republic of Bulgaria. 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 for admission to the territory of the Republic of Bulgaria.	
Place and date:	Applicant's signature: (signature of parental authority/legal guardian, if applicable)