Uniglobe.



Contact us on 8010700700 for more details

Personal Documents

- Valid passport
- Passport must not be older than 10 years also it must be valid for at least THREE MONTHS longer than the intended stay. The passport must also have at least TWO BLANK PAGES to affix the visa and should be along with all old passport booklets. Handwritten passports, Passports with observation and passports of 20-year validity are NOT acceptable.
- Passport Copy
- 2 clear copies of passport first and last page.
- Signed Visa Form
- Should be filled online. (https://visaonweb.diplomatie.be/Account/Login?ReturnUrl=%2Fen) Handwritten visa application forms are not accepted.
- Passport Size Photos
- 2 Photographs 35x45 mm white background (without glasses, cap/hat or any other head covering).
- Signed Cover letter
- Addressed to The Embassy Of Belgium.
- Language form
- Original filled passenger should keep with himself and the copy of the same to be sent to us) with signature.
- Previous visa copies (US, UK, Schengen, Canada, Australia)
- Soft copies of all valid and expired visas mentioned above.



Travel Documents

Confirmed Hotel bookings

The hotel voucher should include hotel Name, Address, Telephone no and Email. Id of the hotel.

Confirmed Air Tickets

The PNR should be live. It should include all the sectors.

Travel Insurance

It should be as per Schengen specification, matching with ticket dates with risk coverage of Euro 30,000. For downloading the list of Approved Insurance Companies and detailed information on Travel Insurance please visit our visa forms section of our website.



Proof of Funds Bank Statement Original Bank statement of last 6 months Stamped from Bank (Personal) Income Tax Returns Last 3 years ITR (Personal)



Occupation Proof

If you are an employee Last 3 months salary slips

NOC from Company

If you are proprietor/owner of the company

Original Bank statement of last 6 months Stamped from Bank (Company) ITR of Last 3 years (Company) Company proof (GST/ Incorporation certificate/Partnership Deed etc) Cover letter on company's Letterhead

If you are a student

Leave letter issued from School School ID

If you are retired

Proof of retirement

Pension statements for the last three months

Proof of regular income generated by ownership of property or business.

If you are sponsored

Proof of sponsorship and/or private accommodation by completing a national form of the Schengen State concerned (see the website of the Member State of destination) For honeymooners

Marriage certificate or Marriage Card Copy of marriage certificate is

required. Engagement /Marriage Photograph

2-3 photographs of the bride and groom together are required.

If bride or groom is not employed, then the Financials of the parents are required (Check According to the above-mentioned occupations).

BIOMETRIC MANDATORY for all Applicants



Note

The Visa Application need to be submitted in 2 copies (i.e. 1 original and 1 photocopy). Belgium Language Choice Form to be filled with every visa application (Please download the form from the Form Section of website).

Detailed itinerary mandatory for applying for visa.

All Schengen Embassies have stopped accepting the passports which are handwritten or have any observations on the front data page. Hence, such passport holders are requested to get a fresh passport booklet to apply for Visa.

The Embassy reserves the right to ask for additional documents and/or for a personal interview.

IMPORTANT INSTRUCTIONS FOR BIOMETRIC

Personal appearance for visa application submission mandatory for every traveller.



Harmonized application form Application for Schengen Visa This application form is free¹

Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries 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):		FOR OFFICIAL USE ONLY	
2. Surname at birth (F	ormer family name(s)):		
3. First name (s) (Give	en name (s):		Date of application:
			Application number:
4. Date of birth (day-month - year):	5. Place of birth:	7. Current nationality:	Application lodged at:
	6. Country of birth:	Nationality at birth:	 Embassy/consulate Service provider Commercial
		Other nationalities:	intermediary Border (Name):
			□ Other:
8. Sex:	9. Civil status:		File handled by:
 Male Female Other 	 Single Married Registered partnership Separated Divorced Widow(er) Other (please specify): 		Supporting documents: Travel documents Means of subsistence Invitation TMI Means of transport 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): 11. National identity number where applicable: 		 Other: Visa decision: Refused Issued: A C LTV Valid: From: 	

12. Type of travel docum	ment:		To:
Ordinary passport	Diplomatic passport	□ Service passport	Number of entries: $\Box \ 1 \ \Box \ 2 \ \Box \ Mult$
Official passport	Special passport	□ Other travel document (please specify):	Number of days:

1 No logo is required for Norway, Iceland, Liechtenstein and Switzerland

13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):		
17. Personal data of the family me	mber who is an EU, EEA	or CH citizen or an UK	national who is a Withdrawal Agreement		
beneficiary, if applicable:					
Surname (Family name):		First name (s) (Given	name (s)):		
		Number of travel doc	umant or ID cord.		
Date of birth (day-month-year):	Nationality:	Number of traver doc	unient of ID card.		
18. Family relationship with an E	U, EEA or CH citizen ,or	an UK national who is a	Withdrawal Agreement		
beneficiary, if applicable:					
\Box spouse \Box child \Box grand	dchild \Box dependent as	scendant			
registered partnership	□ other				
19. Applicant's home address and	e-mail address:		Telephone no:		
20. Residence in a country other the	an the country of our mont	nationality			
20. Residence in a country other in	fair the country of current	nationality.			
\square No \square Yes					
Residence permit or equivalent.		No	Valid until		
	•	110	, and until		
*21. Current ocupation:					
*20 E 1 1 1 1	1 1.1 1 1				
*22. Employer and employer's ad establishment:	dress and telephone numb	ber. For students, name a	nd address of educational		
estudisiment.					
23. Purpose(s) of journey:					
\Box tourism \Box business \Box visiting family or friends \Box culture \Box sport					
\Box official visit \Box medical reason	\Box official visit \Box medical reason \Box study \Box airport transit \Box other (please specify):				
24. Additional information on purpose of stay:					
25. Member State of main destina	tion (and other Mombar S	totag of destination if	26. Member State of first entry:		
applicable):	tion (and other Member 5	states of destination, if	20. Member State of first entry.		
-FF					
27. Number of entries requested:					
\Box single entry \Box two entries \Box multiple entries					
Intended date of arrival of the firs	t intended stay in the Sch	engen area.			
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	te, if known Visa sticker number, if known			
29. Entry permit for the final country of destination, where applicable:				
Issued by	Valid from	u	ntil	
* 30. Surname and first name of the inv accommodation(s) in the Member State	iting person(s) in the Member State(s). If no (s):	ot applicable, nan	ne of hotel(s) or temporary	
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s):				
*31. Name and address of inviting compa	any/organization:			
company/organisation:	no, and e-mail address of contact person in		Telephone no of company/organisation:	
*32. Cost of travelling and living during	the applicant's stay is covered:			
 by the applicant himself/herself Means of support 	□ by a sponsor (host, company, organisa specify:	tion), please		
□ cash	□ referred to in field 30 or 31			
 traveller's cheques credit card 	□ other (please specify): Means of support			
□ pre-paid	□ cash			
accomodation/				
□ pre-paid transport/	□ all expenses covered during the stay			
□ other (please specify)	□ pre-paid transport			
	□ other (please specify)			
33. Surname and first name of the perso	on filling in the application form, if differen	t from the application	ant:	
Address and email address of the person filling in the application form: Telephone No:				

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:

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 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.

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 responsible for processing the data is: Ministry of Foreign Affairs, 1st Vasilissis Sofias Avenue, 10671, Athens, Tel.: +30 210 3681000, Fax: +30 210 3681717, www.mfa.gr, e-mail: dc4@mfa.gr.

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, Hellenic Data Protection Authority, 1-3 Kifisias Street, 1st floor, 11523, Athens, tel.: +30 210 6475600, fax +30 2106475628, e-mail: contact@dpa.gr, 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 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.

Place and date:	Signature (signature of parental authority/legal guardian, if applicable):