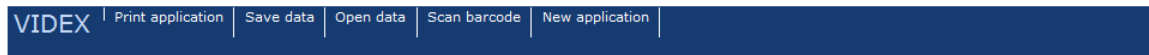


Dear All,

Welcome to VIDEX (<https://videx.diplo.de/videx>)

Please follow these instructions to fill your online visa application Form and use the laser jet printer to take out the print.

Kindly note that all the information entered should be as per the current passport.



Personal data

Surname (Family name): Last Name as per the passport, if no last name please enter the First name	Surname at birth (Former family name (s)):	First name(s) (Given name(s)): First Name, as per the passport	
Date of birth (yyyy-mm-dd):	Place of birth:	Country of birth: -- Please select --	
Current Nationalities: -- Please select --	-- Please select --	-- Please select --	Nationality at birth, if different: -- Please select --
Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unspecified	Marital status: -- Please select --		

The details of parents or legal guardian are required if the applicant is a minor.

Parents or legal guardian

Surname (Family name) of Father:	First name(s) (Given name(s) of Father):	Current Nationality of Father: -- Please select --	
Surname (Family name) of Mother:	First name(s) (Given name(s) of Mother):	Current Nationality of Mother: -- Please select --	
Address of legal guardian:	Enter the address mentioned on the last page of the passport		

ID number and travel documents

National identity number, where applicable:	Leave this field Blank		
Type of travel document: Select the type of passport	Number of travel document: Passport Number	Date of issue (yyyy-mm-dd):	Valid until (yyyy-mm-dd):
Issuing state: -- Please select --	Issued by: PASSPORT OFFICE	Issued in: Please write the Place of Issue of the passport	

Applicant's home address and e-mail address **Please write present address details**

Street:	House number:	Additional address details:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal code:	City:	Country:	
<input type="text"/>	<input type="text"/>	-- Please select --	
Telephone number(s):	E-Mail address:		
<input type="text"/>	<input type="text"/>		

The below attached field is not mandatory, the information as per the residential status in other country has to be filled, otherwise please select No

Residence in a country other than the country of current nationality

Residence in a country other than the country of current nationality: **As per the residential status in other country**

Yes No

Type of Residence Permit:	Residence permit or equivalent No:	Valid until (yyyy-mm-dd):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Occupation

Current occupation:	Employers name / educational establishment:		
<input type="text"/>	Name of the employer (Organisation)		
-- Please select --	<input type="text"/>		
Street:	House number:	Additional address details:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal code:	City:	Country:	
<input type="text"/>	<input type="text"/>	-- Please select --	

Travel data

Main purpose(s) of the journey:	Primary purpose of the visit		If more than one purpose	If other please specify:
<input type="text"/>	-- Please select --	-- Please select --	-- Please select --	<input type="text"/>
Member State(s) of destination:	Please select all Schengen Countries as per the Itinerary			State of first entry:
-- Please select --	-- Please select --	-- Please select --	-- Please select --	First Port of Entry in Schengen
Intended date of arrival (yyyy-mm-dd):	Intended date of departure (yyyy-mm-dd):	Duration of the intended stay or transit:	Number of entries requested:	
<input type="text"/>	<input type="text"/>	Number of days in Schengen	Please select Multiple entries	-- Please select --
Schengen visas issued during the past three years:	Date(s) of validity from:	Valid until:		
Details about the past Schengen Visas	<input type="text"/>	<input type="text"/>		
<input type="radio"/> Yes <input type="radio"/> No				

Biometrics

Fingerprints collected previously for the purpose of applying for a Schengen visa	Date, if known:
<input type="radio"/> Yes <input type="radio"/> No Please select No	<input type="text"/>

The next is the reference field. In this the contact Information of Germany has to be given. The information in this field will vary as per the Visa Category. Please refer to the screen shots for category-wise details:

Business

Reference **BUSINESS**

Type of reference:	Name of organisation, company or hotel:		
Inviting organisation/company	Name of the Inviting Company		
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	Always select 99- ANDERE
	-- Please select --	-- Please select --	
Name of register in which the organization is registered:	Location of register:	Registration number:	Always select 02-HANDELSREGISTER
-- Please select --	Leave this field BLANK	Leave this field BLANK	
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
NAME WRITTEN ON THE INVITATION LETTER, IF NOT PROVIDED PLEASE WRITE UNKNOWN IN BOTH THE FIELDS			
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
Street:	House number:		
ADDRESS MENTIONED ON THE LETTER HEAD (Please refer to the Glossary provided at the end of the document)			
Postal code:	City:	Country:	
		-- Please select --	
Telephone number(s):	E-Mail address:	Hotel reservation number:	
Cost of travelling and living during the applicant's stay is covered:			
<input type="checkbox"/> by the applicant himself/herself			
<input type="checkbox"/> by a sponsor (host, company, organisation), please specify			
<input type="checkbox"/> by the reference, see above			
<input type="checkbox"/> other (see sponsor)			
This information should be 100% authentic.			
Means of support: Please click on the check box(es)			
<input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Accommodation provided			
<input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> other (please specify):			

Transit Visa

Reference **Incase of Transit Visa**

Type of reference:	Name of organisation, company or hotel:		
No reference person			
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	
	-- Please select --	-- Please select --	
Name of register in which the organization is registered:	Location of register:	Registration number:	
-- Please select --			
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:

Tourist Visa

Reference **TOURISUM**

Type of reference: Hotel	Name of organisation, company or hotel: Name of the Hotel		
Organization's place of business (town/city): City	Organization's place of business (country): -- Please select --	Organization's objectives/area of activity: -- Please select --	Always select 08-TOURISMUS
Name of register in which the organization is registered: -- Please select --	Location of register:	Registration number:	Always select 02-HANDELSREGISTER
Surname (Family name) of reference person:	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd):	Place of birth:
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
Street:	House number:		
Postal code:	City:	Country: -- Please select --	
Telephone number(s):	E-Mail address:	Hotel reservation number:	
Cost of travelling and living during the applicant's stay is covered: <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> by the reference, see above <input type="checkbox"/> other (see sponsor)			
Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> other (please specify):			

Visit to Family & Friends

Reference

Type of reference: Inviting person	Name of organisation, company or hotel:		
Organization's place of business (town/city):	Organization's place of business (country): -- Please select --	Organization's objectives/area of activity: -- Please select --	
Name of register in which the organization is registered: -- Please select --	Location of register:	Registration number:	
Surname (Family name) of reference person: Name of the Inviting person	First name(s) (Given name(s)) of reference person:	Date of birth (yyyy-mm-dd): Date of Birth of inviting person	Place of birth: Place of Birth of the inviting person
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
Street:	House number:		
Postal code:	City:	Country: -- Please select --	
Telephone number(s):	E-Mail address:	Hotel reservation number:	
Cost of travelling and living during the applicant's stay is covered: <input type="checkbox"/> by the applicant himself/herself <input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> by the reference, see above <input type="checkbox"/> other (see sponsor) Tick the check box as per the actual information			
Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> other (please specify):			

The next field gives information about the details of the person/ organization bearing the expenses of the applicant. It will be activated based on the check boxes selected in the reference field. Therefore, it is very important to fill the reference field correctly.
Sponsor, if different from reference

Type of sponsor:		Name of sponsoring organisation/company or the embassy/general consulate:	
Sponsoring organisation/company		Name of the organization	
Organization's place of business (town/city):	Organization's place of business (country):	Organization's objectives/area of activity:	Always select 99 - Andere
City	-- Please select --	-- Please select --	
Name of register in which the organization is registered:	Location of register:	Registration number:	
-- Please select	Leave this Blank	Leave this Blank	
02- HANDELSREGISTER			
Surname (Family name) of sponsoring person or the contact person of the sponsoring institution:	First name(s) (Given name(s)) of sponsoring person or the contact person of the sponsoring institution:	Date of birth (yyyy-mm-dd):	Place of birth:
Name written on the Company's covering letter			
Alternative spellings of surname:	Alternative spellings of forename(s):	Other names:	Former names:
Street:	House number:	Address of the company	
Postal code:	City:	Country:	
		-- Please select --	
Telephone number(s):	E-Mail address:		