ITALY-CANADA YOUTH EXCHANGE PROGRAMME

Photo

WORKING HOLIDAY VISA APPLICATION

This application form is free

1. Surname(s) (family name(s))	FOR EMBASSY / CONSULATE USE ONLY			
2. Surname(s) at birth (earlier famil	Date of application :			
3. First names (given names)				
4. Date of birth (year-month-day)		5. ID-number (optional)		File handled by :
6. Place and country of birth				
7. Current nationality/ies		8. Original nationality (nationality at birth)		Supporting documents:
9. Sex		10. Marital status :		1
☐ Male ☐ Female		☐ Single ☐ Married ☐ Separated ☐ Divorced		□ Valid passport
Wale Pelliale		☐ Widow(er) ☐ Other		□ Financial means□ Means of transport
11. Father's name		12. Mother's name		☐ Health insurance
11. Father Shame		12. Wither S hame		□ Other :
13. Type of passport:	_			
☐ National passport ☐ Diploma				
		re passport Travel docu		
☐ Alien's passport ☐ Seaman's	s passport \Box Otner	travel document (please spe	ecity):	Y/2
14. Number of passport 15. Issued by				Visa :
The realiser of pussport	12. Issued by			□ Refused
	☐ Granted			
16. Date of issue	17. Valid until			
		Characteristics of Visa:		
18. Main destination		19. Type of Visa :	20. Visa :	□ LTV
				□ A
		☐ Long stay	☐ Individual	\Box B
				□ С
				\Box D
				□ D + C
21. Duration of stay	Number of entries :			
				□ 1 □ 2 □ Multiple
Visa is requested for: mo				
	Valid from			
	То			
				Valid for :

22. Purpose of travel	FOR EMBASSY /			
☐ Working Holiday Programme only	CONSULATE USE ONLY			
23. Date of arrival		24. Date of departure		
25. Border of first entry or transit route		26. Means of transport		
27. Who is paying for your cost of trave				
☐ Myself				
28. Who is paying the cost of liability in ☐ Myself				
29. Who is paying taxes, where required	1?			-
☐ Myself				
30. Means of support during your stay of Cash ☐ Travellers' cheques ☐ Cre				
_				
☐ Travel and/or health insurance. Valid until		32. Spouse's family name at birth		
33. Spouse's first name	34. Spouse's date of	 f birth	35. Spouse's place of birth	-
or spouse s mor name	o ii spouse s date o		pines of sines	
36. Children (Applications <u>must</u> be subm				
Name	I	First name	Date of birth	
1 2				
3				
37. I am aware of and consent to the fo will be supplied to the relevant authoriti purposes of a decision on my visa applica authorities in the various Schengen states. At my express request, the consular exercise, via the central authority of the st them altered or deleted, in particular, shou I declare that to the best of my knowled I am aware that any false statements granted and may also render me liable to pundertake to leave the territory of the I have been informed that possession Schengen states. The mere fact that a visa to comply with the relevant provisions of The prerequisites for entry will be checked.				
38. Applicant's home address			39. Telephone number	
40. Place and date		41. Signature		