

| MEDICAL TREATMENT CHECKLIST | | YES | NO |
|------------------------------------|---|------------|-----------|
| 1 | Application Form duly filled in and signed by the applicant. | | |
| 2 | One recent passport size photograph in color with white background (3.5cm by 4.5cm) . | | |
| 3 | Passport/Travel document must: | | |
| | a) Have a validity of at least 3 months after the intended stay; | | |
| | b) Have been issued within the previous 10 years and the validity must not exceed 10 years; and | | |
| | c) Have 2 blank pages. | | |
| 4 | Certificate of the receiving health institution including reference to the fact that the expected coverage of the medical treatment is available and accommodation is provided by the health institution. Please be advised that coverage of the medical treatment has to be proved beyond doubt if the latter certificate does not include reference to availability of the coverage or refers to the applicants own private or other sources. | | |
| 5 | Reservation of accommodation outside the health institution can be accepted provided that you paid a deposit or have to pay a cancellation fee. | | |
| 6 | Salary slip of the last three months from the employer | | |
| 7 | Income tax returns of the last 3 years. | | |
| 8 | Detailed bank account statement of the applicant of the last three months. | | |
| 9 | Pension slip of the last three months | | |
| 10 | Certificate of registration in the case of the self-employed | | |
| 11 | Minors: – If the minor is travelling with only one parent, written consent certified by public 2 notary of the other parent or guardian, except in cases of a parent having sole custody or guardianship of the minor, in which case a court order or other proof of sole custody or guardianship must be provided; – If the minor travels alone (without parents), written consent, certified by public notary, of both parents or guardians having custody or guardianship of the minor; – copy of identification document(s) (with signature and photograph) of the parent(s)/guardians having custody/guardianship of the applicant. | | |
| 12 | Travel Itinerary with travel dates, including a return flight reservation or ticket. | | |
| 13 | Overseas travel medical insurance valid for all Schengen countries. The insurance has to cover the applicant for at least 30,000 Euros or equivalent, for all risks e.g. accident, illness, medical emergency, evacuate of arrival and departure. | | |

NOTE: *The Embassy reserves the right to request further documentation. Original Documents must be presented during the personal interview with the visa officer.*

Contact of applicant (Tel): _____

Email: _____

Signature: _____ (Applicant/Representative/Agent) Location: _____

SO Name: _____

Date: _____