



**Embassy of Republic of  
Slovenia**  
Washington

## Application for Visa

This application form is free

1. Surname(s) (family name(s))		<b>For Embassy/Consulate use only</b>  Datum vloge:  Vlogo je sprejel:  Dodatna dokumentacija: <input type="checkbox"/> veljavni PL <input type="checkbox"/> finančna sredstva <input type="checkbox"/> povabilo <input type="checkbox"/> transportna sredstva <input type="checkbox"/> zdravstveno zavarovanje  <input type="checkbox"/> drugo :
2. Surname(s) at birth (earlier family name(s))		
3. First names (given names)		
4. Date of birth (year – month - day)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth):	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):		
14. Number of passport	15. Issued by	
16. Date of issue	17. Valid until	
18. If you reside in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity) .....		
* 19. Current occupation		Vizum :
* 20. Employer and employer's address and telephone number. For students, name and address of school.		<input type="checkbox"/> zavrnjen <input type="checkbox"/> izdan
21. Main destination:		Vrsta vizuma
22. Type of Visa: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay		<input type="checkbox"/> VTL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C
23. Visa : <input type="checkbox"/> Individual <input type="checkbox"/> Collective		
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of stay  Visa is requested for: _____ days	
26. Other visas (issued during the past three years) and their period of validity		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> večkrat.
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until:                      Issuing authority:		Veljaven od ..... do .....
* 28. Previous stays in Slovenia:		Veljaven za : .....

\* The questions marked with \* do not have to be answered by family members of Slovenian citizens (spouse, child or dependent ascendant). Family members of Slovenian citizens have to present documents to provide this relationship.

29. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural / Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify): .....		<b>For Embassy/Consulate use only</b>
* 30. Date of arrival	* 31. Date of departure	
* 32. Border of first entry or transit route	* 33. Means of transport	
* 34 Name of host or company in Slovenia and contact person in host company. If not applicable, give name of hotel or temporary address in Slovenia		
Name	Telephone and telefax	
Full address	e-mail address	
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company (State who and how and present corresponding documentation): .....		
* 36. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid until: .....		
37. Spouse's family name	38. Spouse's family name at birth	
39. Spouse's first name	40. Spouse's date of birth	
42. Children (Applications must be submitted separately for each passport)		
Name		Date of birth
1		
2		
3		
43. Personal data of Slovenian citizen you depend on. This question should be answered only by family members of Slovenian citizens.		
Name		First Name
Date of Birth		Number of passport
Family relationship:		of a Slovenian citizen
44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in Slovenia and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in Slovenia. At my express request, the consular authority processing my application will inform me of manner in which I may exercise my right to check the personal data concerning me and have them altered or deleted, in particular, should they be inaccurate, in accordance with the Slovenian law. 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 Slovenian law. I undertake to leave the territory of Slovenia upon 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 Slovenia. If entry is refused I will have no claim to compensation.		
45. Applicant's home address		46. Telephone number
47. Place and date		48. Signature (for minors, signature of custodian/guardian)