**个人签证资料表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **本人声明：**   1. **本人所提供的资料以及所填写的内容完全属实。** 2. **本人知道签证一经受理，签证费用产生。签证的最终决定权在领馆，若被拒签或退签，签证费用不予退还**。   申请人签名： 日 期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | 性别 | | |  | | | | | 婚姻状况 | | | | □未婚 □已婚 □离婚 □丧偶 □分居 | | | | | | | | | | | | |
| 出生日期 |  | | | | | | 出生地 | | | | | |  | | | | 未成年申请人  须填上合法监护人的姓名、住址(如与申请人不同) 、及国籍: | | | | | | |  | | | | | |
| **身份证号** |  | | | | | | **护照号** | | | | | |  | | | | **签发日期** | | | | |  | **有效期至** | | | | |  | |
| **家庭住址 （何时入住）** |  | | | | | | | | | | | | | **本人手机号码**（必须） 及家庭电话 | | | | | | | |  | | | | | | | |
| **单位名称地址** |  | | | | | | | | | | | | | | | | **本人职务** | | | | |  | **月薪** | | | |  | | |
| **单位电话（座机）** |  | | | | | | | | | **不随团出行**的单  位负责人姓名（非本人） | | | | | | | |  | | | | **负责人职务** | | |  | | | | |
| 单位传真 |  | | | | | | | | |
| **进入单位时间**  **（精确到月）** |  | | | | | **合同到期时间**  **（精确到月）** | | | | | | | | | |  | | | | | | 负责人电话  （座机） | | |  | | | | |
| 赴欧费用来源 | 自费旅游□  公司奖励旅游□  其他□（请注明详情） | | | | | | | | 是否有同行人员  （标明关系，必填） | | | | | | | | | | |  | | | | | | | | | | |
| **请务必如实填写有过的重大疾病病史** | | | |  | | | | | | **年老者（80周岁以上）或有重大疾病史的，须自费购买境外救援医疗险，大约RMB300元，具体费用根据在欧洲停留的时间而定。** | | | | | | | | | | | | | | | | | | |
| 家 庭 成 员（如有父母过世的情况，也仍请填写其姓名及出生） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 称 谓 | | 姓 名 | | | | | | | | | | 出生年月日 | | | | | | | 出 生 地 | | 工作单位 | | | | | | 地址及电话 | |
| 配 偶 | | |  | | | | | | | | |  | | | | | | |  | |  | | | | | |  | |
| 父 亲 | | |  | | | | | | | | |  | | | | | | |  | |  | | | | | |  | |
| 母 亲 | | |  | | | | | | | | |  | | | | | | |  | |  | | | | | |  | |
| 子 女 | | |  | | | | | | | | |  | | | | | | |  | |  | | | | | |  | |
|  | | | | | | | | |  | | | | | | |  | |  | | | | | |  | |
| 其 他 补  充 情 况 | | | 是否被欧洲申根国家拒签过？ | | | | | | | | | | | | 是□ 否□ | | | | 拒签国家及原因： | | | | | | | | | |
| 上次申请申根签证时，是否录取过指纹 | | | | | | | | | | | | 是□ 否□ | | | | 申请国家： 申请地址： 指纹时间： | | | | | | | | | |
| 是否有旧护照 | | | | | | | | 是□ 否□ | | | | | | | | 如不能联系到本人的情况下，可供联系的其他联系人电话（亲戚或朋友等） | | | | | | |  | | |