

THE APPLICATION FORM FOR CONTESTING THE REFUSAL TO ISSUE A VISA,
ANNULMENT OF A VISA, REVOCATION OF A VISA,
REFUSAL TO EXTEND THE PERIOD OF STAY OR PREMATURE TERMINATION OF
THE PERIOD OF STAY

Please complete the application in block letters and legibly. Write the name according to the form of the name in Latin letters in the travel document. There must be no corrections in the application. If data is not available, then mark the space with a dash.

PERSONAL INFORMATION OF THE PERSON CONTESTING THE DECISION

First name or names	Date of birth (dd.mm.yyyy)
Surname or names	
Phone	Email

CONTESTATION

Name of the administrative body to which the application is submitted

.....

- Refusal to issue a visa, visa application no.....
- Annulment of visa no....., decision no.....
- Revocation of visa no....., decision no.....
- Refusal to extend the period of stay, application no.....
- Premature termination of the period of stay, application no.....

REASON FOR CONTESTATION OF THE DECISION (if necessary, please use an additional sheet)

.....
.....
.....
.....
.....
.....
.....
.....

THE FOLLOWING PART IS TO BE COMPLETED BY THE PERSON CONTESTING
THE DECISION IF HE/SHE USES
AN AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S DATA	
First name or names	Date of birth (dd.mm.yyyy)
Surname or names	
Street	Postal code
Town/village	State
Phone	Email

By signing the application for appeal, I confirm that I authorize the named person to represent me in all actions related to the submission of my appeal application.	
Name and signature of the person contesting the decision or his/her legal representative	Date (dd.mm.yyyy)

TO BE FILLED BY AN AUTHORIZED REPRESENTATIVE

By signing the application for appeal, I confirm, that I agree to represent the person contesting the decision in all actions related to the submission of his/her application.	
Name and signature of the authorized representative	Date (dd.mm. yyyy)