APPLICATION PROXY FORM



TO WHOM IT MAY CONCERN

I, the undersigned, certify that the person mentioned below as the Third Party, has my full authority to perform all the required procedures to submit my application for a Schengen visa at the VFS Global Visa Application Centre. To this end, this person has the authority to sign on my behalf and in my name, all forms and any other documentation which require my signature, with the exception of the Schengen Visa application form, a mandatory document.

I am equally aware that the Consular authorities may solicit my presence in order for me to have my biometric data captured in the event that my previous biometrics data cannot be used for this current application.

APPLICATION INFORMATION	
Surname:	Name(s):
Passport n.:	Nationality:
Date of birth:	Mobile no:
Email address:	- modified to
Number of last Schengen visa obtained:	
Number after VIS mention on your last visa obta	ained (if applicable):
Details of parents / legal guardians are required	
Mobile no :	Mobile no 2:
*	
THIDDOX	
THIRD PAR	RTY INFORMATION
Surname:Name(s):	
Mobile no:Ema	ail:
This proxy form is only valid for this current appli at completion of this current Schengen visa appli	ication and will expire upon the receipt of
Place:	
	P.
ignature of Applicant or parent/guardian	Signature of intermediary or 3 rd party:
	*
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