



Velvyslanectví České republiky
Embassy of the Czech Republic

936 Pretorius St., Arcadia, Pretoria, South Africa
P.O.Box 13671, Hatfield 0028
tel.: +27 12 431 23 80, fax: +27 12 430 20 33
e-mail: pretoria@embassy.mzv.cz
www.mfa.cz/pretoria

Visa Application Checklist – to be completed by an applicant

Applicant's surname and first name		
Date of submission of the visa application to the Embassy or to VFS Global Office		
	Yes	Missing
Proof of payment of the visa fee (not applicable if applying at VFS Office)	<input type="checkbox"/>	<input type="checkbox"/>
Application form completed properly and signed	<input type="checkbox"/>	<input type="checkbox"/>
One colour passport photo size 3,5 x 4,5 cm	<input type="checkbox"/>	<input type="checkbox"/>
Passport valid 3 months beyond the trip	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the passport	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the flight ticket for the whole trip	<input type="checkbox"/>	<input type="checkbox"/>
Itinerary of the entire trip	<input type="checkbox"/>	<input type="checkbox"/>
Hotel reservation	<input type="checkbox"/>	<input type="checkbox"/>
Proof of financial means – bank statements for last 3 months (ORIGINALS AND STAMPED BY A BANK)	<input type="checkbox"/>	<input type="checkbox"/>
Employment letter / Letter from school	<input type="checkbox"/>	<input type="checkbox"/>
Invitation, stating name, address, telephone number and period of stay + copy of the ID of inviting person / Official Invitation issued by the Alien Police inspectorate	<input type="checkbox"/>	<input type="checkbox"/>
For business trips: an invitation from the company in the Czech Republic stating the purpose of visit	<input type="checkbox"/>	<input type="checkbox"/>
Travel/Medical insurance for the entire duration of the stay in the Schengen area, stating coverage dates and amount of 30.000 EUR	<input type="checkbox"/>	<input type="checkbox"/>
Certified parental consent from both parents if the applicant is under 18 and travelling alone, or with one parent (certified consent of the other parent) + UNABRIDGED BIRTH CERTIFICATE (original or a certified copy)	<input type="checkbox"/>	<input type="checkbox"/>