

Application for Visa

This application form is free



1. Surname (Family name) (x) [REDACTED]			FOR OFFICIAL USE ONLY	
2. Surname at birth (Former family name(s)) (x)			Date of application:	
3. First name(s) (Given name(s)) (x) [REDACTED]			Visa application number:	
4. Date of birth (day-month-year) [REDACTED]	5. Place of birth FIROOZABAD	7. Current nationality IRANIAN	Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
6. Country of birth IRAN		Nationality at birth, if different:	Name: <input type="checkbox"/> Other	
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)		
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian			File handled by:	
11. National identity number, where applicable [REDACTED]			Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
12. Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)				
13. Number of travel document [REDACTED]	14. Date of issue 14/10/2015	15. Valid until 13/10/2020	16. Issued by THE IMMIGRATION AND PASSPORT POLICE	
17. Applicant's home address and e-mail address NO40, BEHESHTI ALLEY, FARSI ST, FASA			Telephone number(s) [REDACTED]	
18. Residence in a country other than the country of current nationality <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until			Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Valid From Until	
* 19. Current occupation ORTHOPAEDIC SURGEON			Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	



* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment. [REDACTED]	
21. Main purpose(s) of the journey: <input checked="" type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends ... <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study ... <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)	
22. Member State(s) of destination VARNA	23. Member State of first entry VARNA
24. Number of entries requested <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days 8 DAYS

* The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

(x) Fields 1-3 shall be filled in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Date(s) of validity from to	
27. Fingerprints collected previously for the purpose of applying for a visa <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by Valid from until	
29. Intended date of arrival in the Republic of Bulgaria 11/08/2016	30. Intended date of departure from the Republic of Bulgaria 18/08/2016
* 31. Surname and first name of the inviting person(s) in the Republic of Bulgaria. If not applicable, name of hotel(s) or temporary accommodation(s) in the Republic of Bulgaria Helios Spa Hotel	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) [REDACTED]	Telephone and telefax [REDACTED]



32. Name and address of inviting company/organisation		Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation		

33. Cost of travelling and living during the applicant's stay is covered

<input checked="" type="checkbox"/> by the applicant himself/herself	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify
 <input type="checkbox"/> referred to in field 31 or 32
 <input type="checkbox"/> other (please specify)
Means of support	Means of support
<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Cash
<input type="checkbox"/> Traveller's cheques	<input type="checkbox"/> Accommodation provided
<input type="checkbox"/> Credit card	<input type="checkbox"/> All expenses covered during the stay
<input type="checkbox"/> Pre-paid accommodation	<input type="checkbox"/> Pre-paid transport
<input type="checkbox"/> Pre-paid transport	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Other (please specify)	

34. Personal data of the family member who is an EU, EEA or CH citizen

Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card

35. Family relationship with an EU, EEA or CH citizen

spouse child grandchild dependent ascendant

36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)
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I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field no 24):

I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of the Republic of Bulgaria.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Republic of Bulgaria and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at borders of the Republic of Bulgaria, immigration and asylum authorities in the Republic of Bulgaria for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Republic of Bulgaria are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Republic of Bulgaria and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The competent authority of the Republic of Bulgaria responsible for processing the data is MFA.

I am aware that I have the right to obtain in the Republic of Bulgaria notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the Republic of Bulgaria. The National Supervisory Authority, which will help me and indicate how to exercise these rights, is the Commission for Personal Data Protection.

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 the law of the Republic of Bulgaria.

I undertake to leave the territory of the Republic of Bulgaria before 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 the Republic of Bulgaria. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Bulgaria.

Place and date

25/07/2016

Signature

(for minors, signature of parental authority/legal guardian):

Policy Serial: 2700695

شماره سریال بیمه نامه: ۲۷۰۰۶۹۵



Saman Travel Insurance



Policy No: 1395/160-5508/415/410835		Date of Issue: 2016/07/26		Agency Code: [REDACTED]	
First Name: [REDACTED]		Surname: [REDACTED]		Passport No: [REDACTED]	
DOB: [REDACTED]		Plan Type: EUR 30,000 World Wide non-USA,CND. Schengen			
Zone: WORLDWIDE EXCEPT USA & CND		Duration of Cover: 9 days (Single Entry)			
Premium			Signature		
<ul style="list-style-type: none"> • Premium: 225,000 RIs. • Discounts: 72,000 RIs. • VAT: 13,770 RIs. • Total: 166,770 RIs. 					

شماره مراکز پاسخگویی 24 ساعته کمک رسان / Assistance Provider 24 hours Call Centers

Tehran	+98 (21) 89302302	Beirut	+961 (4) 548356
saman@mideast-assistance.com			
<p>The terms and conditions of this policy are according to the insurance policy general conditions. Please read the general conditions of your policy. According to the regulations, the general conditions booklet should be given to you by your agent. You could also download the electronic version of general conditions from www.samaninsurance.ir</p>		<p>کلیه شرایط و ضوابط پوشش های مندرج در این بیمه نامه بر اساس شرایط عمومی پیوست می باشد. مطالعه دفترچه شرایط عمومی به منظور اطلاع از این موارد الزامیست. بر اساس مقررات دفترچه شرایط عمومی بیمه نامه مسافرتی سامان می بایست توسط عامل فروش به همراه این بیمه نامه به شما تحویل شود. شما همچنین می توانید نسخه الکترونیکی شرایط عمومی بیمه نامه مسافرتی سامان را با مراجعه به سایت دریافت کنید www.samaninsurance.ir</p>	
<p>The policy will be started from the date of official exit from Iran, and its maximum validity is 92 consecutive days.</p>		<p>تاریخ شروع بیمه نامه از زمان خروج بیمه شده از مرز های قانونی کشور ایران بوده و نهایت مدت اعتبار آن در خارج از کشور 92 روز متوالی می باشد</p>	
<p>In case of medical emergency, and need for any covered services, the insured or one of his/her companies shall call or send email to "Assistance Provider" and declare the following information:</p> <ul style="list-style-type: none"> • Insured's name, policy number (indicated above), telephone number and contact details • Brief description of the problem encountered, and the kind of assistance required. • If the insured is not able to contact or get services from assistance provider, he/she should collect all relevant documents and present them to the head office of Saman Insurance Company in Tehran, Iran (below-mentioned address) for any further verification. 		<p>در صورت نیاز به فوریت های پزشکی و سایر خدمات تحت پوشش، بیمه شده و یا همراه وی موظف است با مراکز پاسخگویی کمک رسان تماس حاصل نموده و اطلاعات زیر را اعلام نماید</p> <ul style="list-style-type: none"> • نام بیمه شده، شماره بیمه نامه و شماره تلفن تماس • نوع کمک مورد درخواست و یا مشکلی که با آن مواجه است • در صورتی که بیمه شده به هر دلیل موفق به برقراری تماس یا دریافت خدمات از شرکت کمک رسان نگردد، می بایست کلیه مدارک مربوطه به پرونده خود را دریافت نموده و به منظور رسیدگی به دفتر مرکزی شرکت بیمه سامان در تهران (کشور ایران) به نشانی ذیل ارائه نماید 	



جمهوری اسلامی ایران

دانشگاه علوم پزشکی فسا

مرکز آموزشی درمانی تخصصی و فوق تخصصی
حضرت ولی عصر (عج)

تاریخ: _____

نام بیمار: _____

To the embassy of Bulgaria, Consulate section;

We hereby certify that [REDACTED] holding
passport number [REDACTED] Has been working in Fasa
Valiasr Medical Center since 2014.21.04 as Orthopaedic
surgen and his salary is 100/000/000 million IRR per month.
Should you need any further information please don't
hesitate to contact us.

Sincerely yours,

تلفن: ۲۲۱۵۰۱۱-۲۰



جمهوری اسلامی ایران
دانشگاه علوم پزشکی فسا
پلی کلینیک تخصصی و
فوق تخصصی حمزه

شماره:
تاریخ:
پیوست:

به نام خدا

گواهیه مورد نیاز اینجانب [Redacted] پزشک معتمد

ادرتوبدی از تاریخ ۱۳۹۲/۲/۹ تا کنون در بیمارستان

ولیدرضا - فارس با حقوق ماهیانه حداقل

۱۰۰,۰۰۰,۰۰۰ یکصد میلیون ریال مشغول به خدمت

می باشم.

Date: 13/07/2016
Time: 07:51:38
Page: 2 of 2



Currency: IRR
Operator Code: 4
Branch Code: 639
Branch:

IronZamin
Deposit Statement

From Date: 13/01/2016 To Date: 13/07/2016

Deposit ID: [REDACTED]

Deposit Type: Short Term Deposit Account

IBAN: IR78 0690 0639 8300 0611 4220 01

Currency:

Open Date: 31/10/2015 08:33:56

Related Customers: [REDACTED]

Blocked: 0

Row	Voucher Date	Voucher Number	Voucher Description	Sheet No	Debit	Credit	Balance	Branch Code
			Moved from previous page:				11,281,362,205	
18	11/07/2016 03:10:42	10210498	Owd Process	0	50,000,000		11,281,362,205	198
			Sum:		1,300,063,000	2,374,696,031		
			Average Balance:				10,488,546,347	
			Period end balance:				11,281,362,205	



Supplier:

Confirmer:

Approver:

Report code:

Date: 13/07/2016
Time: 07:51:38
Page: 1 of 2



Currency: IRR
Operator Code 4
Branch Code: 639
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IranZamin
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From Date: 13/01/2015 To Date: 13/07/2016

Deposit ID: [REDACTED]

Deposit Type: Short Term Deposit Account

IBAN: IR78 0690 0639 8300 0611 4220 01

Currency:

Open Date: 31/10/2015 08:33:56

Related Customers: [REDACTED]

Blocked: 0

Row	ID	Related Customer Name
1	[REDACTED]	[REDACTED]

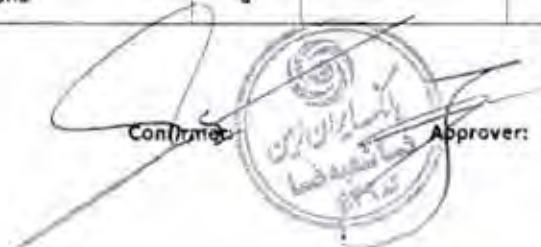
Row	Voucher Date	Voucher Number	Voucher Description	Sheet No	Debit	Credit	Balance	Branch Code
			Balance at period beginning:				10,206,729,124	
1	17/01/2016 08:17:46	343936	Register Rtgs Payment Order	100	250,000,000		9,956,729,124	
2	28/01/2016 10:57:10	359518	Register Rtgs Payment Order	100	500,000,000		9,456,729,124	631
3	29/01/2016 12:55:36	360144	None	0		207,139,386	9,663,918,510	
4	31/01/2016 07:54:39	361574	Register Rtgs Payment Order	645052	200,000,000		9,463,918,510	
5	28/02/2016 01:03:47	10387367	None	0		194,596,141	9,658,514,651	
6	15/03/2016 04:45:58	10404620	None	0	50,000		9,658,464,651	196
7	16/03/2016 03:35:22	10405783	RTGS lwd Process	0		750,000,000	10,408,464,651	198
8	28/03/2016 01:04:00	10105303	None	0		197,364,164	10,605,828,815	
9	28/03/2016 01:44:30	10105633	lwd Process	0		70,000,000	10,675,828,815	198
10	26/04/2016 01:45:29	10132861	lwd Process	0		300,000,000	10,975,828,815	198
11	28/04/2016 01:02:45	10134676	None	0		219,087,990	11,194,916,805	
12	30/04/2016 07:58:14	10136335	Register Rtgs Payment Order	177305	250,000,000		10,944,916,805	
13	29/05/2016 02:25:34	10166354	None	0		223,281,095	11,168,197,900	
14	01/06/2016 07:53:45	1004538	None	383623	50,000,000		11,118,197,900	
15	01/06/2016 07:57:04	1004541	None	383624	13,000		11,118,184,900	
16	29/06/2016 01:06:29	10198019	None	0		186,371,818	11,304,556,718	
17	05/07/2016 07:50:29	20198563	None	0		26,805,487	11,331,362,205	

Supplier:

Confirmed:

Approver:

Report code:



ELIGASHT

TOUR & TRAVEL COMPANY

Hotel Voucher

CNT NO: 148357

Date of Issue: 2016-07-26



Hotel name: Helios Spa and Resort (4*)
Accommodation: 7 Nights
Country: Bulgaria
City: Varna
Tel: +359 359-52-356108
Web site: www.helios-spa.com/
Address: GOLDEN SANDS



Customer name: [Redacted] From Tehran, Iran

Booking ID: 148357

Room	Passenger name	Date of birth	Nationality	Room type(s)
→	[Redacted]	1981-03-21	Iranian	Standard Double Room Park view(Adult)
	[Redacted]	1980-09-23	Iranian	Standard Double Room Park view(Adult)

Check-In: August 11, 2016

Check-Out: August 18, 2016

Authorized & Signature

Departure Flight: HH6339 2016-08-11 13:30

Arrival Flight: HH6340 2016-08-18 16:00

Comments:



Cancellation Penalty:

- Cancelling 1 month before departure date, you have 20% of package price penalty
- Cancelling between 1 month and 3 weeks before departure date, you have 30% of package price penalty
- Cancelling between 3 weeks and 72 hours before departure date, you have 50% of package price penalty
- Cancelling after 72 hours before departure date, you have 70% of Package price penalty



Summary:

Rooms	Nights	Passenger	Adults	Children	Meal Plan	Transfer Board
1	7	2	2	0	BreakFast included	IRAN SKY GROUP

Notes:

IMPORTANT:

- Estimated time for check-in will be at 2:00 P.M. Estimated time for check-out will be at 12:00 P.M. The third person in double room will be accommodated by extra bed (roll way bed).
- Early check-in will not be accommodated unless there is prearrangement. Early check-out will not follow refund policy. Late check-out may include additional charges, based on hotel policies.

SUN TOURS

REGIONAL OFFICE - VARNA (Back Office)
 9000 Varna, 4 Baba Rada Str. Bulgaria
 Tel/Fax : +359 52 617927





شماره شناسنامه: ۵۷۱۱۲۱۱

نام و نام خانوادگی: [Redacted]

تاریخ تولد: ۱۱ مهر ۱۳۵۹

محل تولد: تهران

۲	فرانسه	۲
۳	فرانسه	۳

تاریخ تکمیل: ۱۳۵۹

نام و نام خانوادگی: [Redacted]

شماره شناسنامه: ۱۸۸۵۲۴-۲۵۰

شماره گذرنامه: ۱۸۸۵۲۴-۲۵۰

تاریخ صدور: ۲۹ اردیبهشت ۱۳۵۹

محل صدور: تهران

تاریخ انقضا: ۲۹ اردیبهشت ۱۳۶۰

ملاحظات:

- شماره گذرنامه: ۱۸۸۵۲۴-۲۵۰
- تاریخ صدور: ۲۹ اردیبهشت ۱۳۵۹
- محل صدور: تهران
- تاریخ انقضا: ۲۹ اردیبهشت ۱۳۶۰

ملاحظات تکمیلی:

شماره گذرنامه: ۱۸۸۵۲۴-۲۵۰

تاریخ صدور: ۲۹ اردیبهشت ۱۳۵۹

محل صدور: تهران

تاریخ انقضا: ۲۹ اردیبهشت ۱۳۶۰

نام و نام خانوادگی	شماره شناسنامه	تاریخ تولد		محل تولد	شماره گذرنامه	تاریخ صدور		محل صدور
		روز	ماه			روز	ماه	
[Redacted]	[Redacted]	۱۱	مهر	تهران	۱۸۸۵۲۴-۲۵۰	۲۹	اردیبهشت	تهران
[Redacted]	[Redacted]	۱۱	مهر	تهران	۱۸۸۵۲۴-۲۵۰	۲۹	اردیبهشت	تهران
[Redacted]	[Redacted]	۱۱	مهر	تهران	۱۸۸۵۲۴-۲۵۰	۲۹	اردیبهشت	تهران
[Redacted]	[Redacted]	۱۱	مهر	تهران	۱۸۸۵۲۴-۲۵۰	۲۹	اردیبهشت	تهران
[Redacted]	[Redacted]	۱۱	مهر	تهران	۱۸۸۵۲۴-۲۵۰	۲۹	اردیبهشت	تهران



نمونه مدارک مورد نیاز ویزای

Bulgaria

