



Liberté • Égalité • Fraternité

RÉPUBLIQUE FRANÇAISE

MINISTÈRE DES AFFAIRES ÉTRANGÈRES
CONSULAT GENERAL DE FRANCE A NEW YORK

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LONG STAY VISA APPLICATION FORM - TRANSLATION

This translation is only to help you fill out the long stay application forms it must not be filled out

Important : Please complete all sections. Write carefully in capital letters. In the event of an error, your visa application may be denied. The original form must be dated and signed on page 2.

- 1. LAST NAME
- 2. FIRST NAME
- 3. SEX (*) M F
- 4. DATE OF BIRTH (D/M/Y)
- 5. PLACE OF BIRTH
- 6. COUNTRY
- 7. OTHER NAME(S) (maiden name, aliases, pseudonyms, etc...)
- 8. CURRENT NATIONALITY
- 9. FORMER NATIONALITY

- 10. TYPE OF TRAVEL DOCUMENT (passport, laissez-passer...)
- 11. NUMBER
- 12. NAME OF ISSUING COUNTRY
- 13. ISSUED ON(D/M/Y) in (city)
- 14. VALID UNTIL (D/M/Y)

- 15. ADDRESS (street number, street, city, zip code, country)
- 16. OCCUPATION
- 17. EMPLOYER (name, type of business, address)

- 18. FAMILY STATUS (*) single married separated divorced widowed

19. If you are not a citizen of the country where you are applying for a visa, please list the following details of your visa status or alien registration permit

number	issued (D/M/Y)	in (city)
by	valid until	(D/M/Y)

20. If you are to be accompanied by family members, please indicate :

relationship to you	last and first name(s)	date of birth(D/M/Y)	nationality
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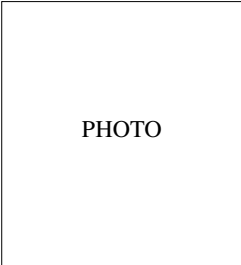
21. I request a visa for the following reason
For a duration of

22. What will be your address during your stay in?

23. Will you receive a salary for work done in France? (*) YES NO

If yes, what will you be doing ?

Employer's name, type of business, complete address and telephone number:



(*) put an X in the corresponding answer

24. Will you be continuing your studies in France? (*) YES NO

If yes, what will you be studying?

Name and address of the academic institutions or university where you are enrolled:

25. Will you do an internship/in-service training in France? (*) YES NO

If yes, indicate the purpose

Name and address of organisation where the internship/in-service training will be taking place:

26. What will be your source of income in France?

Will you have a scholarship? (*)

YES

NO

If yes, give the name, address of institution/organization and amount of scholarship

27. Do you have relatives in France? (*) YES NO

If yes, give their name, nationality, relationship, address and telephone number

28. Do you have any acquaintances in France? (*) YES NO

If yes, give name, nationality, title or occupation, address and telephone number

29. Have you ever spent more than 3 consecutive months in France? (*) YES NO

If yes, give dates and reasons why

At what address

City

Date

signature of applicant
or legal guardian if a minor

I promise to leave French territory on the expiration of the residency card that will be issued to me. My signature on this application engages my responsibility; I understand that in the event of any false statement I face, in addition to the proceedings laid down by law, the denial of any visa in the future.

Law no.78-17 of January 6, 1978 on computerized data and freedom of information allows applicants access to information recorded in connection with their visa application for the purpose of checking its accuracy and correcting any anomaly found. Persons wishing to exercise this right of access should apply through the head of this department.

(*) put an X in the corresponding answer