



## Moldova Elektronisches Touristenvisum Antrag



### Bitte geben Sie Ihre Kontaktinformationen an

Name:

E-mail:

Tel:

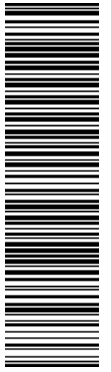
Mobil:

Spätestes Datum, Ihren Reisepass rechtzeitig für Ihre Reise zurückzuerhalten:



### Moldova Elektronisches Touristenvisum Checkliste

- Ausgefülltes und unterschriebenes Antragsformular.**
- Ein gültiger marshallischer Reisepass** für nicht weniger als 6 Monate ab dem Datum der Einreise
- 1 Photographs.** Standard passport photographs 2x2 inches on a white background.
- Zahlung.** Formular zur Kreditkartenautorisierung oder SEPA-Basislastschrift-Mandat für eine einmalige Lastschrift
- Reiseroute.** Ein Ticket mit bestätigter Hin- und Rückfahrt
- Krankenversicherung.** Nachweis einer Krankenversicherung für die Dauer der Reise und die Abdeckung internationaler Reisen.
- Einladungsschreiben.** Kopie eines Einladungsschreibens von Familie oder Freunden in Moldawien.
- Aufenthaltserlaubnis.** Aufenthaltserlaubnis in Deutschland oder ein anderes gleichwertiges Dokument.
- Reiseroute.** Ein Ticket mit bestätigter Hin- und Rückfahrt und Hotelreservierung. Falls keine Hotelreservierungen vorliegen, geben Sie bitte die geplanten Hotelnamen und -adressen an. Falls die Einreise in Moldawien mit eigenem Fahrzeug erfolgen soll, ist Vorlage von Fahrzeugschein und Autoversicherungschein (Green Card) erforderlich.
- Einladungsschreiben.** Von der einladenden Institution oder Privatperson ausgestelltes Einladungsschreiben mit allen relevanten Reiseinformationen des Antragstellers und den Kontaktinformationen des jeweiligen Gastgebers (bei Privatpersonen mit Kopie des Ausweises).

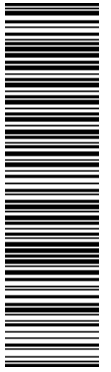


**Nachweis über die Finanzierung des Aufenthalts.** Kopie Ihrer Lohnabrechnungen oder Kontoauszüge der letzten 3 Monate (der Antragsteller muss über 30 € pro Tag des Aufenthalts in Moldawien, mindestens jedoch über 300 € für die Aufenthaltsdauer verfügen)

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**Nachweis einer Reisekrankenversicherung.** Nachweis einer Reisekrankenversicherung für Moldawien für die gesamte Aufenthaltsdauer.

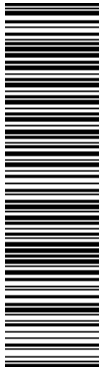
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## Moldova elektronisches touristenvisum -Gebühren für marshallische Staatsangehörige

	Visumart	Gültigkeit	Bearbeitungszeit	Konsulargebühr	Servicegebühr	MwSt.	Gesamt
	Einmalige Einreise	bis 90 tagen	10 Konsulararbeitstage	€80.00	€60.00	€11.40	€151.40

Dieser Auftrag unterliegt den Nutzungsbedingungen, einsehbar auf der VisaHQ-Website.  
Alle Gebühren und Bestimmungen können sich ohne Ankündigung ändern.



## Formular zur Kreditkartenautorisierung

**Ich ermächtige VisaHQ.de zur Belastung meiner Kreditkarte in Höhe von €**

Vorname und Name  
(Kontoinhaber):

Kreditkartennummer:                -                                        -                                        -

Gültig bis:                                        /                                                                               CVW:

Rechnungsadresse:

Unterschrift:

Bemerkungen:

**Vielen Dank!**  
**Wir akzeptieren alle gängigen Kreditkarten.**





# Application for an entry visa to the Republic of Moldova

This application form is free.

PHOTO

1. Surname (Family name) (x)				<b>For official use only.</b>  Date of application:  Visa application number:  Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name <input type="checkbox"/> Other  File handled by:  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:  Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid: from..... until.....  Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days
2. Surname at the birth (Former family name (s) (x)				
3. First name (s) (Given name (s)) (x)				
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality		
6. Country of birth		Nationality at birth, if different:		
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <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				
11. National identity number, where applicable				
12. Type of travel document: <input 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	14. Date of issue	15. Valid until	16. Issued by	
17. Applicant's home address		Telephone number (s)	E-mail address	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No. .... Valid until .....				
19. Current occupation				
20. Employer and employer's address and telephone number. For students, name and address of educational establishment.				
21. Main purpose (s) of the journey: <input 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 specified)				
22. Number of entries requested : <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		23. Duration of the intended stay or transit Indicate number of days		

24. Visas issued for the Republic of Moldova during the past 12 months <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to.....		
25. Fingerprints collected previously for the purpose of applying for a visa for the Republic of Moldova <input type="checkbox"/> No <input type="checkbox"/> Yes ..... Date, if known		
26. Intended date of arrival on the territory of the Republic of Moldova	27. Intended date of departure from the territory of the Republic of Moldova	
28. Surname and first name of the inviting person(s) in the Republic of Moldova. If not applicable, name of hotel(s) or temporary accommodation(s) in the Republic of Moldova		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)		Telephone and telefax
29. Name and address of inviting company/organization		Telephone and telefax of company/organization
Surname, first name, address, telephone, telefax and e-mail address of contact person in company/organization		
30. Cost of travelling and living during the applicant's stay is covered		
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> cash <input type="checkbox"/> Traveler's cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> others (please specify)	<input type="checkbox"/> by a sponsor (host company, organization), please specify ..... <input type="checkbox"/> referred to in field 28 or 29 ..... <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please Specify)	
31. Personal data of the family member which is citizen of the Republic of Moldova		
Surname		First name(s)
Date of birth	nationality	Number of travel document or ID card
Family relationship with an citizen of the Republic of Moldova <input type="checkbox"/> spouse <input type="checkbox"/> child ..... <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
32. Place and date		33. Signature (for minors, signature of parental authority/legal guardian)
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. 22)  I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visits to the Republic of Moldova.		
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 Moldova 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 SIA "Consul" System: 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 external borders and within the Republic of Moldova, immigration and asylum authorities in the Republic of Moldova for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Republic of Moldova are fulfilled, of identifying persons who do not or who no longer fulfill 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 Moldova for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Republic of Moldova responsible for processing the data is: the Ministry of the Interior Affairs of the Republic of Moldova.

I am aware that I have the right to obtain in the Republic of Moldova notification of the data relating to me recorded in the SIA "Consul" System 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 Moldova. The national supervisory authority of the Republic of Moldova will hear claims concerning the protection of personal data.

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 Moldova which deals with the application.

I undertake to leave the territory of the Republic of Moldova 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 territory of the Republic of Moldova. 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 legislations of the Republic of Moldova and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Moldova.

Place and date

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