

ANNEX 29

REQUEST FOR CONSENT TO EXTEND THE TERRITORIAL VALIDITY OF A LTV



The requesting Member State intends to issue a visa with limited territorial validity in accordance with Art. 25 (2) second sentence of Regulation (EC) 810/2009 to the applicant below and is hereby asking for the approval of the consenting Member State(s) to extend the territorial validity of the LTV to its territory.

Requesting Member State:

Date	Place
Authority	Responsible Officer
Tel.	Fax
E-mail	Signature (if applicable)

Requested Member State(s):

1.	2.
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Information on the visa applicant:

1. Surname (family name)		
2. Surname at birth (former surname(s))		
3. First name(s) (Given name(s))		
4. Date of birth (dd-mm-yy)	5. Place of birth 6. Country of birth	7. Current nationality Nationality at birth (if different from above)
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"/> widowed <input type="checkbox"/> other (please specify)	
10. For minors: Surname, given names, address (if different from that of applicant) and nationality of person holding legal custody/legal guardian		

Authority	Responsible Officer
Tel.	Fax
E-mail	Signature (if applicable)

*Please advise us of your decision **as soon as possible** by returning this completed form directly to the requesting authority.*