CHECKLIST FOR POLISH SCI	HENGEN VISA - BUSINESS			
Name:	Purpose of Visit:			
Passport Number:	Contact No:			
rassport Number.	E-mail address:			
Prepare all the necessary documents listed below before you deliver the application of the Republic of Poland. The required documents have to be submitted in Polish passport remains at the Embassy/Consulate General of the Republic of Poland. THE APPLICATION MATERIAL SHOULD BE PLACED IN THE FOLLOWING ORDER:				
REQUIRED DOCUMENTS		YES	NO	REMARKS
1. PASSPORT- must be valid at least 90 days after the expiration of visa and not older than 10 years; travel	document must have at least two consecutive	123	110	NEW WIND
blank pages; damaged travel documents cannot be accepted. 2. VISA APPLICATION				
Visa application form without blanks, signed by the applicant - at least 18 years old ma	ay lodge and sign a visa application personally;			
the signature as the one in the passport.				
A color photography - with the following specifications: passport type, white background 35mmx45m 3. CHECKLIST	nm, dating from the last 6 months.			
4. APPLICANT'S COVERING LETTER mentioning the purpose and duration of travel, list of attache	d documents and other useful information.			
5. DOCUMENTS CONFIRMING THE PURPOSE OF THE TRIP - must confirm, as a minimum:	the applicant's identity, the purpose of the journe	ey (meetin	gs, conferer	ices, training or business related event
and the period and place of intended stay. Employer's covering letter with entire travel plan (itinerary).				
Invitation letter from the business partner in Poland in Polish or English - for consuletter from the Polish client.	ultancy services: please provide a confirmation			
Detailed schedule of business meetings (for stays over 30 days).				
6. FLIGHT ITINERARY (RESERVATION ONLY) - if the applicant is travelling to several Schengen States, proof of intra-Schengen flight reservation, train itinerary or car rental.				Date from
				to
7. TRAVEL MEDICAL INSURANCE (TMI) - original and one copy of the certificate of TMI issued to	by a company from the list of approved Indian			Place of first entry Name of the insurance company:
insurance companies of the consular posts of Schengen states (handwritten certificates will not be accepted	; the name of the insured should be written in			Insurance number:
Latin alphabet; TMI must be valid in the Schengen area and for the entire duration of stay, the TMI's minimum coverage is 30.000 euro and it must cover costs of any emergency medical treatment and repatriation for medical reasons as well as in case of death repatriation of the deceased).				
				Validity: from
8. ACCOMODATION - original document confirming the availability in Poland / each of visited Scheng	gen States, of appropriate accommodation for			to
the intended period of stay. 9. PROOF OF SOLVENCY OF THE APPLICANT - bank statements from the last 3 months, no dep				
Original bank statement showing movements in the last three months, duly stamp				
Indian income tax return acknowledgment for the last two assessment years.				
If the applicant is employed: pay slips for the last three months and employmen	nt contract.			
If the applicant is a company owner or self-employed: certificate of registration				
If the applicant is sponsored: original official invitation (Zaproszenie) registered in V	· ,			
If the applicant is retired: pension statements for the last three months, proo				
ownership of property or business.	or regular meome generated by			
10. ADDITIONAL DOCUMENTS - applicants are allowed to submit additional documents that they or	consider useful to explain/justify the trip.			Optional documents:
11. RESIDENCE PROOF - an official document proving stay in the current jurisdiction.				
12. PASSPORT DATA PAGES COPY				
One copy of the applicant's passport data pages (the first and the last one). Copy of the pages with Polish/Schengen visas, if issued - if the visas were in the previous	passport – copy of that passport's data pages			N/A (no previous Polish/Schengen visas
- the first and the last one.		<u>i </u>	1	(in promise of the pr
I hereby confirm that I am aware of the fact that:	2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	/		
 The Embassy/Consulate General of the Republic of Poland reserves the r to interview the applicant. 	ignt to request additional information	on/aocu	mentatio	n and, it deemed necessary,
The visa processing period may be extended to up to 30 days (application own risk).	submitted less than 30 days before in	ntended	travel da	te is accepted on applicant's
Date, place Name & Signature of Inquiry Officer/ Date	Applicant's	s Signatı	ure	
The applicant has submitted the supporting documents mentioned above. I have negative visa decision, but the applicant has confirmed that she/he has no other or			-	
Name & Signature of Inquiry Officer/ Date	Applicant's Signature			
ADDITIONAL COMMENTS:		••••••		

Name & Signature of Inquiry Officer/ Date