

data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my 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 external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States 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 Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: [National Directorate-General for Aliens Policing, Address: H-1117 Budapest, Budafoki út 60, Telephone: +36 (1) 463 9100].

本人知悉并同意以下条款：该申请表中所有关于本人的个人信息、照片或采集的指纹样本均为审核本人的签证所需。本人在该申请表中所填写的所有个人信息、指纹样本和照片均可提供给申根国家的相关主管部门，以便其受理本人的签证申请并对申请作出决定。

该信息以及签证结果甚或签证注销、撤消或延期的决定将一并收录到签证信息系统（VIS 系统）并最长保存五年。在此期间，所有申根成员国的相关签证部门、边境及境内的签证检查部门以及移民局和难民局均有权登入 VIS 系统，核查签证申请人是否已满足入申根国境并在境内停留的相应前提条件；核实不满足或不再满足该前提条件的签证申请人；审核难民申请并确定该审核的责任。在一定条件下，各申根成员国的特定部门以及欧盟刑警组织均可参考该信息，用于预防、侦察和调查恐怖活动及其它严重犯罪行为。负责管理该类信息的部门是：[向外国人警务国家总局, 地址 H-1117 Budapest, Budafoki út 60, 电话:+36 (1) 463 9100].

I am aware that I have the right to obtain, in any of the Member States, 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 Member State concerned. The national supervisory authority of that Member State [contact details: National Authority for Data Protection and Freedom of Information, Postal address: 1363 Budapest, Pf.: 9., Office address: 1055, Budapest, Falk Miksa utca 9-11, Tel: +36 1 391-1400, Fax: +36 1 391-1410, Email: ugyfelszolgalat@naih.hu, Web: <http://naih.hu>] 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 Member State which deals with the application.

I undertake to leave the territory of the Member States 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 European territory of the Member States. 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 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

本人知悉本人有权要求任何一个申根成员国告知 VIS 系统中都收录了本人哪些个人信息，是由哪个申根成员国收录进去的。除此之外，本人亦有权申请更正系统中收录的错误信息并删除不合法信息。审核本人签证申请的领事机构会应本人要求提供相关说明性信息，如签证申请人应如何行使审核个人信息的权力，依据相关申根成员国的法律规定，要求更正甚或删除不正确的个人信息的权力。相关申根成员国的主管部门 [详细联系信息：

国家数据保护与信息自由局, 邮寄地址：1363 Budapest, Pf.: 9. 办公室地址：1055 Budapest, Falk Miksa utca 9-11 电话：+36 1 391-1400 传真：+36 1 391-1410 邮箱：ugyfelszolgalat@naih.hu 网址：<http://naih.hu>] 将受理就个人信息保护事宜的申诉。

本人声明以上信息均系本人如实提供，信息正确而完整。本人知悉提供虚假信息可导致本人签证申请被拒签或已得到的签证被注销甚或受理本人签证的申根国会因此而对本人追究刑事责任。

如本人的签证申请被批准，本人有义务在签证到期前离开申根国境。本人亦获悉得到签证仅是具备了进入申根国境的前提条件之一。如果本人因未满足编号为(EU) No 2016/399 的《申根边境法》中第 6 条第 1 款中所述前提条件而被拒绝入境，获得签证并不意味着本人有权要求赔偿。在进入申根成员国的领土时，入境条件将被再次审核。

Place and date/ 地点及日期:

Signature:

签字

(signature of parental authority/legal guardian, if applicable):

(亲权人/监护人代签, 如适用)