



Schengen Visa Application Consultancy Free Assessment Form

1. Personal Information

Given name: _____ Last name: _____
(Your name and your father's name) (Your grandfather's name)

Age: _____ Date of Birth: _____ (DD/MM/YYYY)

Place of Birth: _____ Sex _____ (Male/Female)

Nationality: _____

Marital status: _____ (Single/Married/Divorced/Widowed)

If married, full name of your spouse: _____

Do you have a child? If yes, full name of your child: _____

2. Contact Information

Telephone no: _____ Email: _____

City/Town: _____

3. Highest Education Background

3.1 Bachelor's or Master's degree

Institution name _____

Field of study _____

4. Total Work Experience: _____ years

5. Any country you visited in the last 10 years: _____

6. Do you have an asset like a car and/or a house in your name? _____

7. Have you ever been denied for a Schengen area business/visit visa? _____

8. How much can you afford? _____ **1) 5,000Euro 2) 6,000Euro 3) 7,000Euro**

I, _____ hereby attest that the information provided in this form is accurate and true and does not represent any falsified information. Sign. _____ Date: _____

Note: After completing the form, please send it to our email ethioschengen@gmail.com. We will contact only short listed and best offered applicants.