## SCHENGEN VISA - Medical for Qatari nationals

### I. DOCUMENTS TO BE SUBMITTED

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| 1. | Application form – available online, free of charge  
   • Fully completed in English or German and personally signed and dated by applicant |
| 2. | For minors below the age of 18  
   • A form “letter of consent” signed by the parents/legal guardian must be attached  
   • Passport copies of parents/legal guardian  
   • Birth certificate with an English translation |
| 3. | General instruction form  
   • Personally signed and dated by the applicant |
| 4. | Passport  
   • Validity of a minimum of three months from requested date of leaving  
   • Signed by passport holder  
   • Passport not older than 10 years (issued in the last 10 years)  
   • A minimum of two blank pages to be used for visas  
   • Previous passport if applicable |
| 5. | One recent biometric passport sized photograph (3.5x4.5 cm)  
   • Must not be older than 6 months  
   • Do not glue or staple the photos to the application form |
| 6. | Photocopies  
   • 1 copy of passport pages with personal data  
   • Copies of previous Schengen visa |
| 7. | Overseas medical insurance  
   Requirements:  
   • Only insurance companies authorized by the German Embassy Doha are accepted  
   • Valid for entire duration of period of first stay and valid for all Schengen states  
   • Minimum coverage 30,000.00 € incl. repatriation. (Medical insurances linked to credit cards are not accepted) |
| 8. | Flight and proof of accommodation (not mandatory for patients and/or official escorts)  
   ONLY FOR PRIVATE ESCORTS:  
   • Valid flight reservation/booking  
   • Valid (existing) hotel booking/reservation incl. full address (name, street, city, zip code, contact information, booking ref.) |
| 9. | Medical treatment (patient and/or escort)  
   • Letter from Ministry of Public Health stating coverage of medical treatment for patient and all occurring expenses for patient and escorts **OR**  
   • Letter from the hospital or doctor in Germany stating the starting date of treatment and confirming the payment of the treatment costs **OR**  
   • Letter from the hospital or doctor in Germany stating the date and expected costs of treatment as well as proof of sufficient funds to cover the expected costs |
| 10. | Proof of financial means of applicant  
   ONLY FOR PRIVATE ESCORTS:  
   • E.g. bank statements, employment letter, proof of personal property, assets, credit cards with proof of credit limit, others  
   **NOTE:** In case financial means are provided by a relative please submit the fully filled out letter of guarantee with a passport copy of the relative |

**Important Information:** Should the patient not be able to apply by himself/herself and should he/she not be in possession of a previous visa, please include a letter by the doctor stating the incapability to come personally to the Visa Application Center/ Visa section due to his/her illness.
II. REMARKS to be filled out VFS staff (please tick, what is relevant):

✓ Applicant travels
  □ alone
  □ with family member/s
  □ with a group as …………………….(please specify e.g. colleague, escort, sponsor)

✓ Applicants documents are
  □ complete
  □ NOT complete - applicant has been informed of option to withdraw application to avoid possible refusal but wishes to submit application
  □ NOT complete – applicant will submit missing documents within 48 hours to VFS

Remarks: …………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………

III. SIGNATURES and AGREEMENT

a) for Visa Applicant:
I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS VALID FOR THE VISA APPLICATION AS PER ABOVE

………………………………. …………………………………….…………………..
City and Date (signature of applicant)

b) for VFS staff:
APPLICANT HAS BEEN INFORMED OF THE ABOVE. THE REMARKS HAVE BEEN COMPLETED TOGETHER WITH APPLICANT

………………………………. …………………………………….…………………..
City and Date (signature VFS Staff)

(dated 11-2018)