**Military personnel relocated to Italy**

Military personnel do not need any visa to enter in Italy, however, accompanying family member/dependent during the mission must come to our office to apply for the visa.

All applicant, including newborn bay, have to come in person.

Applicant must provide us:

1) Memorandum or Note Verbale from the USA Embassy in Italy or any Official Visa Requesting Letter issued by US Government or Military that briefly explains the purpose/nature of the relocation to Italy (e.g. Mission..) of the military personnel and his/her dependents including the expected date of departure, estimated length of stay and the names of accompanying dependents including the relationship (spouse, daughter, son) , date of birth and nationality.

\*Please prepare a copy for each applicant.

2) A copy of relocation orders

\*Please prepare a copy for each applicant.

3) US base ID card and his/her no-fee passport (with at least 365 plus 90 days or more from the first day of entrance in Italy). Original and copies.

4) Application form filled with black pen with a recent passport size photo attached.

\*Application form is in the following page

5) Marriage certificate for accompanying spouse and a Birth Certificate for accompanying kid and copies.

\*For single fathers or mothers, any proof of being appointed as the minor legal guardian . We always request both parents presence at Embassy and their signatures for every minor-age applicant. Under no circumstances we will accept a minor age application that lacks one or both parent(s) authority or legal guardian(s) sign and consensus.

*(in the case the military personnel is on the ship for mission and unable to attend the visa application interview at the Embassy, an official on-duty certificate which explains the situation signed by the captain or a representative of the ship and a letter of consent of visa request for child written and signed by that military personnel.)*

\*If these certificates are not the ones issued form the U.S., the original document with an official translation must be notarized by Notary Public and Consul of the U.S. Authority.

●Please note that we will collect the applicant’s passport until the visa delivery (about two weeks from the acceptance of the visa request).

Once issued the visa, you can come and collect the visa in person.

●For visa application interview, please contact our office: [visa.tokyo@esteri.it](mailto:visa.tokyo@esteri.it)



PHOTO

**Ambasciata d’Italia a Tokyo**

在京イタリア大使館

**National Visa Application (D)**

ナショナルビザ申請書（D）

**This application form is free**

無料配布用

**COMPLETE THIS FORM IN ALL ITS PARTS. FAILING TO DO SO MAY RESULT IN LONGER PROCESSING TIMES**

**本申請書のすべての項目をご記入ください。未記入項目の場合、ビザ審査が遅れる場合があります。**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Surname (Family name) (\*)** */* 姓 | | | | | | | **Spazio riservato all’Amministrazione**  *For Office use only*  **Data di presentazione della domanda:**  **Numero della domanda:**  **Domanda presentata presso:**  **🞎 Ambasciata/Consolato**  **🞎 Fornitore dei servizi**  **🞎 Altro (precisare):**  **Responsabile della pratica:**  **Nome di chi ha ricevuto la pratica allo sportello:**  **Documenti giustificativi:**  **🞎 Documento di viaggio**  **🞎 Mezzi di sussistenza**  **🞎 Invito**  **🞎 Mezzi di trasporto**  **🞎 Assicurazione sanitaria di**  **viaggio**  **🞎 Altro:**  **Decisione relativa al visto:**  **🞎 Rifiutato**  **🞎 Rilasciato**  **Tipo di visto:**  **Valido:**  **dal \_\_\_\_/\_\_\_\_/\_\_\_**  **al \_\_\_\_/\_\_\_/\_\_\_\_\_**  **Numero di ingressi:**  **🞎 1**  **🞎 2**  **🞎 Multipli**  **Numero di giorni: \_\_\_\_\_\_\_\_** |
| 2. **Surname at birth (Former family name/s) (\*)** */*旧姓 | | | | | | |
| 3. **First name/s (Given name/s) (\*)** */*名 | | | | | | |
| 4. **Date of birth (dd/mm/yy)/**  生年月日（日－月－年） | 5. **Place of birth** */*出生地  6.**Country of birth** */*出生国 | | | 7. **Current nationality** */*国籍  **Nationality at birth, if different** */*  　出生時の国籍（現在の国籍と異なる場合） | | |
| 8. **Gender/**性別  🞎**Male/**男性🞎**Female/**女性 | 9. **Marital Status** */* **/** 婚姻等の状況  🞎 **Single** */* 未婚 🞎 **Married** */* 既婚 🞎 **Civil partnership** */* シビル・ユニオン  🞎 **Separated****/**別居🞎 **Divorced /** 離婚🞎 **Widow(er)** */*死別  🞎 **Other (pls. specify)**その他(明記する)\_\_\_\_\_\_\_\_\_ | | | | | |
| 10. **In case of minors: surname, first name, address (if different from applicant’s) and nationality of the holder of parental responsibility/legal guardian** */*未成年の場合：親権者、あるいは、法定後見人の姓名、国籍、住所（住所は申請者と異なる場合のみ記入） | | | | | | |
| 11. **Type of travel document** */*旅券（パスポート）の種類  🞎 **Ordinary Passport** */*一般旅券🞎 **Diplomatic Passport** */*外交旅券  🞎 **Service Passport** */* サービスパスポート🞎 **Official Passport** */* 公用旅券  🞎 **Special Passport**/特別旅券  🞎 **Other travel document (pls. specify)** その他（明記する \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 12. **Number of travel document/**パスポート番号 | | 13. **Date of issue/**発行年月日（日-月-年） | 14. **Valid until****/**有効期限（日-月-年） | | 15. **Rilasciato da****/**発行機関 | |
| 16. **Applicant’s home address and e-mail address****/**申請者の住所とe-mailアドレス | | | | | | **Telephone number’s/**  電話番号 |
| 17. **Residence in a country other than the country of current nationality** */* 現在の国籍と異なる国に居住していますか？  🞎 **No**/ いいえ  🞎 **Yes***/* はい  **Residence permit or equivalent** */* 居住許可またはそれに相当する許可番号*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_**  **n.** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Valid until** */* **/** 有効期限 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 18. **Current occupation**  */* 現在の職業 | | | | | | |
| 19. **Employer and employer’s address and telephone number. For students, name and address of educational institute**/勤務先の名称・住所・電話番号。学生の場合学校名・住所 | | | | | | |
| 20. **Main purposes of the journey** */* 旅行の主要目的  🞎 **Family reunification/following family member** */*家族呼び寄せ/家族同行  🞎 **Religious reasons****/**宗教🞎 **Sport/**スポーツ🞎 **Mission** */* ミッション🞎 **Diplomatic****/**外交  🞎 **Medical reasons** */* 治療🞎 **Study** */*就学🞎 **Adoption****/**養子縁組  🞎 **Salaried employment***/* 被雇用🞎 **Self-employment** */*自営業  🞎 **Other (pls. specify)****/**その他（明記する）*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | |

**(\*) As specified in the travel document** */*旅券に記載の通りに記入してください。

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| 21. **Your destination in Italy** */* イタリアでの主な目的地 | | | 22. **Schengen State of first entry (if applicable) /** 最初に入国するシェンゲン協定加盟国 | | **OSSERVAZIONI E ANNOTAZIONI** |
| 23. **Numer of entries requested** */* 希望入国回数  🞎 **1 /** １回🞎 **2/**２回🞎 **Multiple entries** */* マルチエントリー | | | 24. **Number of days of intended stay (max. 365)** 滞在期間/日数で表記（最高365） | |
| 25. **Intended date of arrival in Schengen area/** シェンゲン協定加盟国への入国予定日 | | | | |
| 26. **Surname and name of the person in Italy who applied for Family Reunification, or surname and name of the Employer in Italy** */* 呼寄せの場合、呼寄せる家族の氏名。被雇用の場合、雇用者の氏名    **.......................................................................................................................................................................................................**  **For Adoption, Religious Reasons, Medical Reasons, Sport, Study, Mission, please specify the address in Italy/**養子縁組、宗教目的、治療、スポーツ、就学、及び、ミッションビザ申請の場合はイタリアにおける連絡先を明記してください  **.......................................................................................................................................................................................................** | | | | |
| **Address and e-mail of the person(s) who applied for Family Reunification or the Employer** */*呼寄せの場合申請者の住所とメールアドレス。被雇用者の場合、雇用者の住所とメールアドレス | | | **Telephone and fax number of the person(s) who applied for Family Reunification or the Employer** */*呼寄せる家族の氏名。または雇用者の電話番号とFax番号 | |
| 27. **Name and address of host Company/Organization** */*  シェンゲン協定加盟国内での受け入れ先の会社・組織の名前と住所 | | | **Telephone and fax number of the Company /Organization** */* シェンゲン協定加盟国内での受け入れ先の電話番号、または、FAX | |
| **Surname, first name, address, telephone, fax and email address of contact person in Company/Organization** */*シェンゲン協定加盟国内での受け入れ先の会社・組織の担当者の氏名、住所、電話番号、Fax番号、メールアドレス | | | | |
| 28. **Cost of traveling and living during the applicant’s stay is covered by** */*申請者の渡航費用と滞在中の生活費は以下のとおり負担 | | | | |
| 🞎 **the applicant** */*自己負担  **Means of support** */* 支払い方法  🞎 **Cash***/* 現金  🞎 **Traveller’s Cheques/**トラベラーズチェック  🞎 **Credit Cards** */* クレジットカード  🞎 **Prepaid accomodation** */*支払い済み宿泊  🞎 **Prepaid transport** */*支払い済み交通手段  🞎 **Other (pls. specify)** */* その他（明記する）  **.................................................................................**  **THIS INFORMATION IS NOT NECESSARY FOR THE FOLLOWING TYPES OF VISA:**  **Family Reunification, Following Family Member, Salaried Employment, Self Employment, Mission, Diplomatic, Adoption**  / 家族呼寄せ、同行、被雇用、ミッション、外交、養子祖の場合、記入は不要 | | 🞎 **a sponsor (host, company, organization), please specify**保証人、会社、機関が負担（明記する）  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **referred to in box n. 26 or 27/**26または27に記入済み  🞎 **Other (pls. specify)** */* その他（明記する）  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Means of support** */*支払い方法  🞎 **Cash***/* **/**現金  🞎 **Provided accomodation** */*住居の提供  🞎 **All expenses covered during the stay /** 全滞在費  🞎 **Prepaid transport** */* 旅費  🞎 **Other (pls. specify)** */* その他（明記する）  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| 29. **Personal data of the family member who is an EU, EEA or CH citizen** */* EU加盟国、EEAもしくはスイス連邦の国籍保持者の家族の場合 | | | | |
| **Surname** */*姓 | | | **First Name/s** */*名 | |
| **Date of birth** */*生年月日（日－月－年） | **Nationality** */*国籍 | | | **Number of travel document or ID card/**パスポートまたは身分証明書番号 |
| 30. **Family relation with an EU, EEA or CH citizen** */* EU加盟国、EEAもしくはスイス連邦の国籍保持者である家族との関係  🞎 **Spouse***/* 配偶者🞎 **Son/Daughter** */*子供　🞎 **Other descendant** */* 他の直系子孫  🞎 **Dependent ascendant** */*扶養尊属  🞎 **Other (pls. specify) /**その他（明記する）**..............................................................................................................................** | | | | |
| 31. **Place and date** */* 署名地・日付 | | 32. **Signature (for minors, signature of parental authority/legal guardian)** 署名（未成年の場合は親権者または法定後見人の署名） | | |

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| **I am aware of the fact that the refusal of a visa does not give rise to the reimbursement of fees paid/** 私はビザの発給が拒否された場合でも、申請費用は返却されないことを承知しています |

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| **INFORMATION ON THE PROCESSING OF PERSONAL DATA**  **persuant to art. 13 of the General Data Protection Regulation (EU) 2016/679 (GDPR)**  **The collection of data required in this form, your photograph and, if applicable, the detection of your fingerprints, are mandatory for the examination of the visa application and your personal details which appear on this visa application form, as well as your fingerprints and your photograph will be supplied to the competent Italian authorities and processed by those authorities, for the adoption of a decision on your application. Such data as well as data concerning the decision on this application, or any decision to annul or revoke a visa issued will be entered and stored in the computer system of the diplomatic-consular mission and the Ministry of Foreign Affairs and International Cooperation. These data will be accessible to the competent national authorities for visas. In addition, they will be accessible to the competent authorities for the purposes of Schengen visa checks at external borders, to the authorities of Member States responsible for immigration and asylum (for the purpose of verifying whether the conditions for entry, stay and regular residence in the territory Member States and the identification of persons who do not, or no longer fulfill these conditions), to the authorities of Member States responsible for the purposes of examining an asylum application. Under certain conditions the data will be also available to designated authorities of Member States (for Italy the Ministry of Interior and the Police authority) and to Europol for the purposes of prevention, detection and investigation of terrorist offenses and other serious crimes. The Ministry of Foreign Affairs and International Cooperation – MAECI (Piazzale della Farnesina 1, 00135 Roma)** [**www.esteri.it**](http://www.esteri.it) **tel. 0039 06 36911 (switchboard), through the Diplomatic Representation or Consulate where the visa application has been lodged, is the authority responsible for processing the data. You have the right to obtain notification of the data relating to you registered in the informatic system and request that inaccurate data relating to you to be corrected and that data relating to you that is processed unlawfully be deleted. For information on the exercise of your right to check your personal details and to have them corrected or deleted, including ways of appeal provided in this regard by the national legislation of the State concerned, please visit** [www.esteri.it](http://www.esteri.it) **e** <http://vistoperitalia.esteri.it> **for the competent Diplomatic Representations or Consulates. Further information will be provided upon request by the authority examining your application. The Italian national supervisory competent authority on the protection of personal data is the MAECI Data Protection Officer / DPO (email:** [**rpd@esteri.it**](mailto:rpd@esteri.it)**, certified email:** [**rpd@cert.esteri.it**](mailto:rpd@cert.esteri.it)**) or the Italian Data Protection Authority (Piazza Venezia 11, 00187 Roma; tel. 0039 06 696771 (switchboard); email:** [**garante@gpdp.it**](mailto:garante@gpdp.it); **pec:** [**protocollo@pec.gpdp.it**](mailto:protocollo@pec.gpdp.it)**). I declare that all information supplied by me are correct and complete. I am aware that false statements will lead to my application being rejected or to the annulment of a visa already granted and will result in the request for the prosecution by the Representation under the law of the State (Article 331 Code of Criminal Procedure). The mere granting of a visa does not entitle me to any compensation if I fail to meet the conditions of Article 5, paragraph 1 of Regulation (EU) No. 562/2006 (Schengen Borders Code) and Article 4 of Legislative Decree no. 286/98, and for these reasons my entry is refused.**  **個人情報の扱いに関る通知**  **（2016/679第13条EU一般データ保護規則）**  本申請書に記載が要求されているあなたのデータの収集、顔写真の撮影、さらに、必要とされる場合の指紋採取は、ビザの審査のために必要となります。また、申請書に記載されたあなたに関する個人情報、顔写真ならびに採取された指紋は、イタリア当局に通知、および、処理され、あなたのビザ申請に関する決定に使用されます。これらの情報ならびに私のビザ申請についてとられた決定、あるいは、すでに発給されたビザに関する、キャンセル、決定の取り消しに関する情報は在外公館、または、イタリア外務・国際協力省のデータベースに入力され、保存されます。または、シェンゲン協定加盟国内のビザ管理当局、移民や亡命関連当局（シェンゲン協定加盟国への入国、滞在および居住が正当になされることの確認、この条件をすでに満たしていない個人の特定を目的）、または、亡命申請を審査を担当する当局もこれらの情報にアクセスすることができます。また状況により、シェンゲン協定加盟国より指定される各当局（イタリアの場合は内務省と警察当局）、ならびに、テロ行為や重大な刑事犯罪の予防、捜査、調査を目的とした欧州刑事警察機構（EUROPOL）にも上記情報を利用することができます。**情報処理の責任当局は、イタリア外務国際協力省（Piazzale della Farnesina 1, 00135 Roma）**[**www.esteri.it**](http://www.esteri.it) **、電話番号　0039-06-36911（代表）、窓口はビザを申請した大使館・領事館となります**。ビザ情報システムに登録された自身に関する情報の開示、自身に関する情報が間違っている場合はその修正を、不当に処理された場合はその削除を要請する権利を有します。自身に関する情報の詳細の確認、関係国国内法が定める控訴方法をなどを含む情報の訂正や削除の権利を行使する方法については[www.esteri.it](http://www.esteri.it) **を参照、所轄の在外公館の確認は** <http://vistoperitalia.esteri.it>でご参照ください。  詳しい情報はビザの発給審査当局より要請に応じて提供されます。**個人情報保護に関するイタリアの監督当局は外務・国際協力省情報保護局（e-mail:** [**rpd@esteri.it**](mailto:rpd@esteri.it)**, certified e-mail:** [**rpd@cert.esteri.it**](mailto:rpd@cert.esteri.it)**）またはイタリア情報保護院（Piazza Venezia 11, 00187 Roma、電話番号 0039-06-696771（代表）、e-mail:** [**garante@gpdp.it**](mailto:garante@gpdp.it) **、certified e-mail:** [**protocollo@pec.gpdp.it**](mailto:protocollo@pec.gpdp.it)**）です**。あなたが申請用紙に記入した内容は正確で完全なものであることを宣言します。虚偽の記載があった場合には、申請が拒否され、ビザが発給済みの場合は取り消されること、また、当該ビザ申請を取り扱ったシェンゲン協定加盟国の法によりあなたに対する法的措置がとられる可能性があることを承知しています（刑事訴訟法第331条）。ビザがあなたに発給されたという事実のみでは、シェンゲン協定加盟国出入規定（Schengen Border Code）、第562/2006号、第5条第1項、また、D.Lgs286/98第4条に違反し入国を拒否された場合に損害賠償を受ける権利があることを意味するものではありません。 | |
|  | |
| **Place and date** */* 署名地と日付 | **Signature (for minors, signature of parental authority/legal guardian)/**  （未成年の場合は親権者または法定後見人の署名） |

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| **ANNOTAZIONI (For official use only)**  .............................................................................................................................................................................................................................................................  .............................................................................................................................................................................................................................................................  .............................................................................................................................................................................................................................................................  .............................................................................................................................................................................................................................................................  .............................................................................................................................................................................................................................................................  …………………………………………………………………………………………………………………………………………………………….................  …………………………………………………………………………………………………………………………………………………………………….....  …………………………………………………………………………………………………………………………………………..............................................  ……………………………………………………………………………………………………………………………………………………………………….  . |