



## اعزام هیأت تجاری اقتصادی به کشور بلغارستان

۹۶-۱۱-۲۷

به اطلاع می‌رساند اتاق بازگانی، صنایع، معادن و کشاورزی لرستان در نظر دارد به منظور توسعه روابط بازگانی و همکاری‌های اقتصادی با کشور بلغارستان ، انجام مذاکرات، بازدیدها، صادرات و همچنین انجام سرمایه‌گذاری مشترک با طرف بلغاری ، نسبت به اعزام هیأت تجاری - اقتصادی به سرپرستی استاندار لرستان جناب آقای دکتر سید موسی خادمی از تاریخ ۱۷-۱۴-۹۶ اسفند ماه سال جاری به کشور بلغارستان اقدام نماید.

شرایط اعزام	
زمان برگزاری	تاریخ رفت: ۹۶/۱۲/۱۴ (۵ مارس ۲۰۱۸) تاریخ برگشت: ۹۶/۱۲/۱۷ (۸ مارس ۲۰۱۸)
برنامه‌ها و ملاقاتها	ملاقات با کاردار و رایزن بازگانی ایران در بلغارستان ملاقات با رئیس اتاق بلغارستان - ملاقات با استاندار و مدیران ارشد اقتصادی استان استرازاگورا ملاقات با رئیس اتاق بازگانی استرازاگورا و برگزاری جلسات B2B شرکتهای ایرانی و بلغاری بازدید از کارخانجات و واحدهای صنعتی، تولیدی و کشاورزی استان استرازاگورا
خدمات سفر	اقامت در هتل ۵ ستاره (۱ شب صوفیا-۲ شب استرازاگورا) ویزای بلغارستان بلیط رفت و برگشت هوایی با پرواز ترکیش تهران- استانبول- صوفیا و بالعکس، ترانسفر فرودگاهی - ترانسفر شهری - بیمه مسافرتی
هزینه ثبت نام	سینگل: ۵,۷۰۰,۰۰۰ تومان - علی الحساب دابل: ۴,۷۰۰,۰۰۰ تومان - علی الحساب
نحوه ثبت نام	واریز مبلغ ثبت نام به شماره حساب ۱۳۷۹۶۲۵۰۶۲ بانک ملت بنام اتاق بازگانی، صنایع، معادن و کشاورزی لرستان ارسال فرم ثبت نام ، فرم درخواست ویزا، اصل و کپی پاسپورت با حداقل ۶ ماه اعتبار، شناسنامه و کارت ملی ، فیش واریزی و یک قطعه عکس ۶*۴ به اتاق لرستان تلفن تماس جهت کسب اطلاعات تکمیلی و انجام هماهنگی ها: ۰۳۳۳۳۳۳۶۰ (داخلی ۱۰۴)-۰۶۶ سرکار خانم سمیه حقیقت منش

با توجه به ظرفیت محدود ثبت نام، اولویت با افرادی است که تا پایان وقت اداری روز شنبه ۹۶/۱۱/۲۸ مدارک را به اتاق لرستان ارسال نمایند.

فرم ثبت نام

حضور در هیات اعزامی استان لرستان به کشور بلغارستان

۹۶-۱۴-۱۷ اسفند ماه

الف) اطلاعات فردی :

PERSONAL INFORMATION :		
FIRST NAME		نام :
LAST NAME :		نام خانوادگی :
DATE OF BIRTH:		تاریخ تولد :
MELLI CODE :		کد ملی :
PASSPORT NO. :		شماره پاسپورت :
DATE OF ISSUE :		تاریخ صدور :
DATE OF EXPIRY :		تاریخ انقضای :

ب) اطلاعات شرکتی :

COMPANY INFORMATION :		
COMPANY NAME :		نام شرکت :
POSITION :		سمت و پست سازمانی :
FIELD OF ACTIVITY:		زمینه فعالیت :
PHONE NO. :		تلفن تماس :
MOBILE NO. :		شماره موبایل :
FAX NO. :		شماره فکس :
WEB SITE :		سایت اینترنتی :
E_MAIL :		پست الکترونیکی :

# Application for Visa

This application form is free

PHOTO

1. Surname (Family name) (x)				FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s)) (x)				Date of application:
3. First name(s) (Given name(s)) (x)				Visa application number:
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality	Nationality at birth, if different:	Application lodged at
	6. Country of birth			<input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)		Name: <input type="checkbox"/> Other
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian				
11. National identity number, where applicable				
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)				
13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by	<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:
17. Applicant's home address and e-mail address			Telephone number(s)	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent ..... No. .... Valid until				
* 19. Current occupation				

<p>* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.</p>		<input type="checkbox"/> Valid: From _____ Until _____
<p>21. Main purpose(s) of the journey:</p> <p><input type="checkbox"/> Tourism.....<input type="checkbox"/> Business.....<input type="checkbox"/> Visiting family or friends ....<input type="checkbox"/> Cultural .....<input type="checkbox"/> Sports .....<input type="checkbox"/> Official visit</p> <p><input type="checkbox"/> Medical reasons</p> <p><input type="checkbox"/> Study .....<input type="checkbox"/> Transit <input type="checkbox"/> Airport transit .....<input type="checkbox"/> Other (please specify)</p>		
22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested	25. Duration of the intended stay or transit Indicate number of days	
<input type="checkbox"/> Single entry..... <input type="checkbox"/> Two entries .... <input type="checkbox"/> Multiple entries		

\* The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

(x) Fields 1-3 shall be filled in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to ..... 	
27. Fingerprints collected previously for the purpose of applying for a visa <input type="checkbox"/> No ..... <input type="checkbox"/> Yes. .... Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by ..... Valid from ..... until ..... 	
29. Intended date of arrival in the Republic of Bulgaria	30. Intended date of departure from the Republic of Bulgaria
* 31. Surname and first name of the inviting person(s) in the Republic of Bulgaria. If not applicable, name of hotel(s) or temporary accommodation(s) in the Republic of Bulgaria	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax

*32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation
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Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation
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*33. Cost of travelling and living during the applicant's stay is covered
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<input type="checkbox"/> by the applicant himself/herself	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <input type="checkbox"/> other (please specify)
Means of support	Means of support
<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
<input type="checkbox"/> Traveller's cheques	<input type="checkbox"/> Accommodation provided
<input type="checkbox"/> Credit card	<input type="checkbox"/> All expenses covered during the stay
<input type="checkbox"/> Pre-paid accommodation	<input type="checkbox"/> Pre-paid transport
<input type="checkbox"/> Pre-paid transport	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Other (please specify)	

34. Personal data of the family member who is an EU, EEA or CH citizen
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Surname	First name(s)
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Date of birth	Nationality	Number of travel document or ID card
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35. Family relationship with an EU, EEA or CH citizen
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spouse ..... child ..... grandchild ..... dependent ascendant

36. Place and date	37. Signature (for minors, signature of parental authority/legal guardian)
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I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field no 24):

I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of the Republic of Bulgaria.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Republic of Bulgaria and processed by those authorities, for the purposes of a decision on my visa 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)<sup>1</sup> 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 borders of the Republic of Bulgaria, immigration and asylum authorities in the Republic of Bulgaria for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Republic of Bulgaria 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 Republic of Bulgaria and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The competent authority of the Republic of Bulgaria responsible for processing the data is MFA.

I am aware that I have the right to obtain in the Republic of Bulgaria 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 Republic of Bulgaria. The National Supervisory Authority, which will help me and indicate how to exercise these rights, is the Commission for Personal Data Protection.

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 Republic of Bulgaria.

I undertake to leave the territory of the Republic of Bulgaria 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 Republic of Bulgaria. 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 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Bulgaria.

Place and date

Signature

(for minors, signature of parental authority/legal guardian):

<sup>1</sup> Insofar as the VIS is operational.