



	MEDICAL REASONS NIGERIA	YES	NO	REMARK
	Harmonised Schengen Visa Application Form filled in completely and signed by the applicant.			
	Original passport: • Validity shall extend at least three months after the intended date of departure from the territory of the Member States. • It shall contain at least two blank pages. • It shall have been issued within the previous 10 years. • Clear photocopy of biodata page in passport.			
	Receipt of visa fee payment unless exempted.			
	Applicant have submitted fingerprints as part of an earlier application which has been entered in the VIS within the last 59 months and is therefore exempted from providing new fingerprints.			
	1 color photograph not older than six months. This is only compulsory for children between the age of 0-12 years or if you do not appear in person at time of lodgment but have biometrical data submitted in a previous Schengen visa application within the last 59 months which can be reused.			
	Individual travel medical insurance valid throughout the territory of the Member States and cover the entire period of your intended stay or transit. The minimum coverage of costs of at least EUR 30,00 which could arise as a result of emergency medical assistance, emergency hospitalization or medical repatriation.			
	Copy of flight ticket or flight reservation including return flight.			
	For non-citizens: Valid residence permit in Nigeria, or valid proof of residence in any other country within the Embassy's coverage area, valid for at least 3 months from the date of intended departure from the territory of the Member States.			
	Proof of accommodation for the whole duration of the intended stay: - hotel reservations, rental of holiday home, campus residence reservation or - proof of private accommodation (invitation) from the host).			
	Verifiable evidence of sufficient means of subsistence during intended stay such as: - salary slips - recent personal bank statement or balance over last three months - regular income generated by property.			
	Certificate from the applicant's physician or a hospital in Nigeria, verified – if necessary – by another independent medical body, confirming the			



	need for specific medical treatment to be provided in the country of destination.			
	An official document of the receiving medical institution in the Member State confirming that it can perform the specific medical treatment and the patient will be accepted accordingly.			
	Proof of pre-payment of the treatment or other proof of sufficient financial means to cover the medical treatment and related expenses, such as additional insurance coverage.			
	Any other correspondence between the sending and receiving sides, if available.			
	Please note that the Embassy will consider your socioeconomic situation in your home country or in your country of residence if not the same. It is your responsibility to submit any other documents related to personal ties to Nigeria, such as marriage certificate, title deeds or lease agreements.			

Information for the applicant on terms and conditions:

- The application must be submitted **15 days before the start of the intended visit**. Applications can also be submitted up to 6 months before the intended travel.
- Applications shall be decided on within 15 calendar days of the date of the lodging of an application which is admissible in accordance with Article 10 and Article 19. That period may be extended up to a maximum of 45 calendar days in individual cases, notably when further examination of the application is deemed necessary.
Please note that the days are counted from when the Embassy has received the application and not when the application was lodged at VFS Global!
- All submitted documents must be in English or in Swedish.
- Further information or documentary evidence in support of your application may be required as well as an interview. It is therefore important that you provide accurate contact details.

Declaration – Applicant and VFS staff to sign (please tick relevant section)

Applicant's documents are:

- ☐ Complete
☐ Not Complete

1. The remarks have been completed along with the applicant
2. Applicant has been advised that failure to submit all necessary documents may result in the application being refused but has chosen to proceed with the application.

Name & Signature of the Submission officer at VFS: _____

I (name of applicant in box letters), _____, confirm that I have read the information above. I also confirm that the information/documents provided by me are authentic and that the Embassy can make a decision based on the information provided in my application.

Applicant signature: _____

Telephone: _____

Email: _____

Date: _____



Embassy of Sweden

2024-07-25

Internal VFS

Name & Signature of the Biometric officer: _____

Name & Signature of the Data Entry officer: _____