

	Place of application (stamp of police district or Foreign Service mission)		Picture
	Date	Fee paid NOK	
	DUF number		

Application for extension of a Schengen visa / visa valid for new entry

A Schengen visa may be extended if you can document unforeseen circumstances you can not be held responsible for have occurred, or humanitarian reasons prevent you from leaving the Schengen area. Such extensions are granted free of charge. We can also grant an extension of a visa or a visa valid for new entry if you provide proof of serious personal reasons giving you a true need for further stay in Norway. For such a visa you must pay a fee of EUR 30.

1 Your personal details (write your name as it appears in your travel document)

Family name	First name
Middle name	Citizenship
Telephone	E-mail
Your address during the stay	Passport/ travel document no.

2 Information regarding who you are visiting

Family name	Middle name	First name
Date of birth and social security no.	Citizenship	Telephone
Address	E-mail	

3 Visa validity

For how many days is the visa valid?	For how many entries is the visa valid?
When was the visa issued? (day/month/year)	Where was the visa issued?
When did you arrive in the Schengen area? State date of first entry (day/month/year)	What is the last date of validity for your visa? (day/month/year)

4 What has occurred after entering Norway that gives you a true need for further stay here / a new entry?

Please note that the maximum period of stay in the Schengen area is 90 days during any period of 180 days.

5 For how many days do you need your visa extended? Alternatively, how many new entries do you need?

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6 What documentation have you submitted to support your need for a new visa?

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7 Power of attorney

- I give the following person power of attorney to act on my behalf in connection with my application.
- I am aware that correspondence from the immigration authorities will be sent to my representative, and that my representative will have access to my case.
- I am aware that my representative will be notified of the decision instead of me.

Representative's family name, first name				
Representative's address		Postcode	Town	Country
Telephone number	Cell phone number	E-mail address		

8 Signature

Place and date	Your signature
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