

**APPLICATION FOR FINANCIAL ASSISTANCE WITHOUT DEPOSIT  
FILLS THE APPLICANT**

1.	First name
2.	Family name
3.	ID number
4.	Date and place of birth
5.	Citizenship
6.	Type of identification document
7.	Number of identification document
8.	Permanent address according to Estonian Population Register ( <i>if exists</i> )
9.	Contact information in Estonia and/or country of residence (postal address, phone, e-mail)
10.	Occupation ( <i>if exists</i> )
11.	Contact information of employer (address, phone, fax, e-mail)
12.	Reasons for the application (reasons for the financial aid)
13.	I hereby affirm the accuracy of the data presented in this application

Date .....

Signature .....

**Decision of the consular officer on application no (registration no) ..... for financial assistance without deposit.**

**Grant financial assistance without deposit in the amount of ..... (sum of money).**

**Not to grant financial assistance without deposit.**

First and family name of the consular officer.....

Date ..... Signature .....

**DUTY OF REPAYMENT**

I, ..... (*first and family name in capital letters*),

ID number ....., identification document .....

no ....., issued by ..... (*issuing authority*),

hereby **affirm** that I have received financial assistance / other aid in the amount of .....

..... from ..... (*representation, location*)

and **pledge to repay it to the account of the Ministry of Foreign Affairs of the Republic of Estonia, no 221006104336, code 700025262 in Swedbank within ninety (90) days beginning today.**

My address (\*) (*in capital letters*) is .....

.....

..... (*country, administrative unit, city/settlement, street, house, apartment*).

Date ..... Signature .....

*\* in the absence of a permanent address mark the contact address*