

Color photo of the applicant (35 x 45 mm) to be attached here

APPLICATION FOR A LONG-STAY VISA

To be completed in capital letters. Names of a person must be written in Latin letters in the same form as in the person's travel document. The application should not contain any corrections. Where no information is available, put a dash.

PERSONAL DATA OF THE APPLICANT		
First name(s)		Surname(s) (Family name(s))
Previous names		Father's name
Date of birth (dd/mm/yyyy) _ _ _ _ _ _ _ _	Country of birth	Place of birth
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Nationality (nationalities)	Nationality at birth (if different from current)
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		

CONTACT DETAILS	
Applicant's email address	Applicant's telephone number
Home address (street/farm, house number, apartment number; village/town/city; municipality; county; country)	Post code
Where are you staying in Estonia? <input type="checkbox"/> With a private person (indicate the person's name and surname) <input type="checkbox"/> In a hotel or an accommodation establishment (indicate the name) <input type="checkbox"/> Other place of stay (indicate).....	
Address of the place of stay (street/farm, house number, apartment number; village/town/city; municipality; county)	Post code
Email address of the place of stay	Telephone number of the place of stay

TRAVEL DOCUMENT DETAILS		
Type of travel document <input type="checkbox"/> National passport <input type="checkbox"/> Other	Document number	Issued by
Date of issue (dd/mm/yyyy) _ _ _ _ _ _ _ _	Valid until (dd/mm/yyyy) _ _ _ _ _ _ _ _	

I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable.	
Date (dd/mm/yyyy) _ _ _ _ _ _ _ _ _ _	Signature of the applicant or his/her legal representative

PERSONAL DATA**Employer or educational institution in a foreign country** (if you work or study in a foreign country)

Name: Telephone number:

Address:

Position:

Do you have a family relationship with a European Union or European Economic Area citizen, or a citizen of Switzerland? No Yes (provide information on the European Union or European Economic Area citizen, or the citizen of Switzerland)Family relationship: spouse child grandchild dependent parent

First name(s): Surname(s) (Family name(s)):

Nationality: Date of birth (dd/mm/yyyy): |_|_| |_|_| |_|_|_|_|

Number of this person's travel document or personal identification document:

JOURNEY DETAILS**Purpose of the journey** Short term employment in Estonia Study Visiting family or friends Medical reasons Business Startup entrepreneurship (indicate the number of the expert committee's application) Other (indicate)**Desirable initial date of a visa** (dd/mm/yyyy)

|_|_| |_|_| |_|_|_|_|

Date of departure from Estonia (dd/mm/yyyy)

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Duration of the intended stay (indicate the number of days)**Was a visa or a residence permit of another European Union country issued to you within the past five years or do you have a valid residence permit or a visa of another European Union country?** Yes (indicate the country, the type of permit and its term of validity. Use additional pages if necessary) No**Fingerprints collected within the past 59 months for the purpose of applying for a visa** (indicate if fingerprints were collected in the process of applying for an Estonian or a Schengen visa) Yes (date of collection of fingerprints, if known): |_|_| |_|_| |_|_|_|_|) No**Cost of travelling and living during the applicant's stay is covered by** the applicant another person (indicate)

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Means of support during the stay in Estonia cash credit card salary accommodation provided or prepaid transport prepaid other (indicate:))**DETAILS OF THE HOST PERSON, COMPANY OR ORGANIZATION** No details must be provided if the employer has registered short-term employment of the applicant in Estonia.**Name and surname and date of birth or personal code of the private person or name and registration code of the company/organization****Email address****Telephone number****Address** (street/farm, house number, apartment number; village/town/city; municipality; county)**Post code****First name, surname email address and telephone number of contact person** (indicate if you visit a company or an organization)**I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable.****Date** (dd/mm/yyyy)

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Signature of the applicant or his/her legal representative

DETAILS OF THE LEGAL REPRESENTATIVE *The application of persons under 15 years of age or for persons with limited legal capacity is filled in by that person's legal representative. A person of 15 years of age or older can submit the application personally. Submit the details if the legal representative's details differ from the details of the applicant.*

First name(s)	Surname(s) (Family name(s))	
Nationality (nationalities)	Date of birth (dd/mm/yyyy) _ _ _ _ _ _ _ _ _	
Email address	Telephone number	
Contact address <i>(street/farm, house number, apartment number; village/town/city; municipality; county; country)</i>		Post code

I confirm that all the provided data is correct. I am aware that the state fee is not refunded if the application is not reviewed or visa is refused. By signing the application, I confirm that I have adequate funds for my stay in Estonia and for leaving Estonia.

Date (dd/mm/yyyy) _ _ _ _ _ _ _ _	Signature of the applicant or his/her legal representative
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FILLED IN BY AN OFFICIAL

Accepted for procedure (dd/mm/yyyy) _ _ _ _ _ _ _ _	Name, signature
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