

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

## APPLICATION FOR AN EXTENSION OF THE PERIOD OF STAY

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

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
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DATA ON THE APPLICATION FOR AN EXTENSION OF THE PERIOD OF STAY	
I am applying for an extension of the period of stay until (dd/mm/yyyy)  _ _   _ _   _ _ _ _	<b>Reason for my application for an extension of the period of stay</b> <input type="checkbox"/> Force majeure <input type="checkbox"/> Humanitarian reason <input type="checkbox"/> Serious occupational reason <input type="checkbox"/> Serious personal reason <input type="checkbox"/> Short-term employment in Estonia <input type="checkbox"/> Startup entrepreneurship
<b>Detailed explanation of the reason for your application for an extension of the period of stay</b> (fill in if you are applying for an extension of the period of stay due to force majeure, humanitarian reasons, serious occupational reasons or serious personal reasons)	
..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	

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.			
<b>Name and surname and date of birth or personal code of the private person or name and registration code of the company/organization</b>			
<b>Email address</b>		<b>Telephone number</b>	
<b>Address</b> (street/farm, house number, apartment number; village/town/city; municipality; county)			<b>Post code</b>
<b>First name, surname email address and telephone number of the contact person</b> (indicate if you are visiting a company or organization)			

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 legal representative's details if they differ from the details of the applicant.			
<b>First name(s)</b>		<b>Surname(s) (Family name(s))</b>	
<b>Nationality (nationalities)</b>		<b>Date of birth</b> (dd/mm/yyyy)  _ _   _ _   _ _ _ _	
<b>Email address</b>		<b>Telephone number</b>	
<b>Contact address</b> (street/farm, house number, apartment number; village/town/city; municipality; county; country)			<b>Post code</b>

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 a required medical insurance for my stay in Estonia and adequate funds for my stay in Estonia and for leaving Estonia.	
<b>Date</b> (dd/mm/yyyy)  _ _ _ _   _ _ _ _	<b>Signature of the applicant or his/her legal representative</b>
FILLED IN BY AN OFFICIAL	
<b>Accepted for procedure</b> (dd/mm/yyyy)  _ _ _ _   _ _ _ _	<b>Name, signature</b>