

ANNEX 2 to Minister of the Interior Regulation No 12  
 of 27.06.2018 “List of data required in the personal data form, including a sample form”

**Personal data form**

Please answer all the questions. If an answer is negative, please insert a dash in the box instead of leaving the field empty. If there is not enough space in a box, please use a white continuation sheet.

<b>I. PERSONAL DATA</b>																			
<b>1. Name</b>																			
	name(s) and surname(s) (please use block capital letters)																		
<b>2. Gender</b>																			
<b>3. Personal identification code</b>																			
<b>4. Date of birth</b> (indicate when there is no personal identification code)																			
	day, month, year																		
<b>5. Place of birth</b>																			
	country, county, municipality, city																		
<b>6. Previous names and surnames</b>	<b>Period</b> (in years and months)	<b>Reason for changing</b>																	
6.1																			
6.2																			
<b>7. Citizenship</b>																			
<b>8. Residences</b>																			
Please list in chronological order residences in all countries of residence over the past five years, beginning with the current residence.																			
<b>Pease note:</b> Country of residence means any country where you have resided for at least six months.																			
<b>No</b>	<b>Start</b> (month, year)	<b>End</b> (month, year)	<b>Street, building, apartment, municipality, city, county, country, postal code</b>																

8.1			
8.2			
8.3			
8.4			
8.5			

### 9. Postal address

Please provide your postal address, if it differs from the address of your actual residence.

(street, building, apartment, mailbox No, municipality, city, county, country, postal code)

### 10. Contact details and user accounts

Please indicate all telephone and other numbers (e.g. landline or mobile phone number, phone card, SIM card number used in a tablet computer or other electronic devices, virtual number) that you have used or that have been registered to your name over the past five years. If you are not the person using the number, please provide the name of the actual user and describe your relationship.

No	Number (including area code)	Type (e.g. landline or mobile phone number, phone card, SIM card number used in a tablet computer or other electronic devices, virtual number)	User/owner (name and surname, relationship)
10.1			
10.2			
10.3			
10.4			
10.5			
10.6			
10.7			
10.8			
10.9			
10.10			

Please indicate all the email addresses that you have used or created over the past five years.

<b>Personal:</b>	
<b>Professional:</b>	

Please indicate all the names and usernames or other identifiable features of the online social networks, forums, blogs, portals and personal homepages that you have used or created over the past five years (e.g. Facebook, Twitter, Instagram, Odnoklassniki, Vkontakte, IRC services, etc.).

No	Network name	Username	Comments
10.11			
10.12			
10.13			
10.14			
10.15			

Please indicate all the names and usernames or other identifiable features of the call and messaging applications that you have used or created over the past five years (e.g. Skype, Facebook Messenger, Viber, WhatsApp, Messenger, Facetime, etc.).

No	Application name	Username	Comments
10.16			
10.17			
10.18			
10.19			
10.20			

## II. FAMILY TIES

### 11. Marital status

Please indicate your current marital status and further below, please provide the requested details on your spouse or partner (former spouses or partners) and on your relatives and relatives by marriage.

	single			divorced
	in non-marital partnership			in a long-term relationship
	married			separated
	widowed			

### 12. Spouse or partner

Name:	
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Date and place of birth:											
Personal identification code:											
Citizenship:											
Previously used names:											
Residence of spouse or partner, if different from your address, and their telephone number:											
(city, county, street, building, apartment)											
(telephone number)											

### 13. Former spouse or partner (former spouses or partners)

Name:											
Date and place of birth:											
Citizenship:											
Current residence and telephone number of former spouse or partner (if known to you):											
(city, county, street, building, apartment)											

Name:											
Date and place of birth:											
Citizenship:											
Current residence and telephone number of former spouse or partner (if known to you):											
(city, county, street, building, apartment)											

### 14. Relatives, relatives by marriage and other people close to you (including people living abroad)

Please list your parents, foster parents, sisters and brothers or half-sisters and half-brothers, and children (including wards and persons under your curatorship). Please list the parents, foster parents, sisters and brothers or half-sisters and half-brothers, and children (including wards and persons under their curatorship) of your spouse or partner with whom you are in a marriage-like relationship. If any of the above people are residing in several countries, please indicate all the corresponding addresses, if known to you. If any of the above people are deceased, please add the year of their death to the date-of-birth box.

<b>14.1 Name:</b>		<b>Degree of relatedness:</b>	Father
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.2 Name:</b>		<b>Degree of relatedness:</b>	Mother
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.3 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.4 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			

Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.5 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.6 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.7 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			

Place of employment and position:			
Contact details:			
<b>14.8 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.9 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			
<b>14.10 Name:</b>		<b>Degree of relatedness:</b>	
Date of birth or personal identification code:			
Country of birth and citizenship:			
Residence:			
Place of employment and position:			
Contact details:			

<b>III. EDUCATION</b>				
<b>15. Please provide your education history over the past five years, including military education and education completed abroad, courses you have taken and any other training, including incomplete studies.</b>				
Please indicate your areas of specialisation and the courses you have taken, even if incomplete.				
<b>No</b>	<b>Start</b> (month, year)	<b>End</b> (month, year)	<b>Name of school</b>	
15.1				
	Location of school (city, country):			
	Level of education or academic degree			
	Completed		Incomplete	
	Course / area of specialisation:			
15.2				
	Location of school (city, country):			
	Level of education or academic degree			
	Completed		Incomplete	
	Course / area of specialisation:			
15.3				
	Location of school (city, country):			
	Level of education or academic degree			
	Completed		Incomplete	

	Course / area of specialisation:		
15.4			
	Location of school (city, country):		
	Level of education or academic degree		
	Completed		Incomplete
	Course / area of specialisation:		
15.5			
	Location of school (city, country):		
	Level of education or academic degree		
	Completed		Incomplete
	Course / area of specialisation:		

#### IV. EMPLOYMENT

##### 16. Employment related to the background check

Please provide the details of the position regarding which you are requesting the background check.

**Place of employment and position:**

**Brief description of duties:**

##### 17. Employment history (including abroad)

Please indicate in chronological order all places of employment over the past five years, including contractual active service in the Defence Forces or active service in the armed forces of another country, contracts with other employers, etc.				
No	Start (month, year)	End (month, year)	Name of employer	Position(s)
17.1				
	Employer's address (country, city) and telephone number, including area code:			

No	Start (month, year)	End (month, year)	Name of employer	Position(s)
17.2				
	Employer's address (country, city) and telephone number, including area code:			

No	Start (month, year)	End (month, year)	Name of employer	Position(s)
17.3				
	Employer's address (country, city) and telephone number, including area code:			

No	Start (month, year)	End (month, year)	Name of employer	Position(s)
17.4				
	Employer's address (country, city) and telephone number, including area code:			

No	Start (month, year)	End (month, year)	Name of employer	Position(s)
17.5				

	Employer's address (country, city) and telephone number, including area code:	

**18. Data on completed military service and military training**

Please indicate data in chronological order of compulsory military service, contractual active service in the Defence Forces or active service in the armed forces of another country.

No	Start (month, year)	End (month, year)	Name of the authority	Position(s)
18.1				
	Authority's address (country, city) and telephone number, including area code:			

No	Start (month, year)	End (month, year)	Name of the authority	Position(s)
18.2				
	Authority's address (country, city) and telephone number, including area code:			

No	Start (month, year)	End (month, year)	Name of the authority	Position(s)
18.3				
	Authority's address (country, city) and telephone number, including area code:			

**V. OTHER INFORMATION**

**19. Criminal record in the Republic of Estonia**

Please mark with a cross **YES** or **NO**, as appropriate.

YES	NO	
		Have you ever been convicted of a misdemeanour?
		Have you ever been convicted of a criminal offence?
		Are you currently subject to criminal proceedings as a suspect or accused?

**20. Criminal record in foreign countries**

Please mark with a cross **YES** or **NO**, as appropriate.

YES	NO	
		Have you ever been convicted of a misdemeanour?
		Have you ever been convicted of a criminal offence?
		Are you currently subject to criminal proceedings as a suspect or accused?

Please provide the country where you were convicted or where criminal proceedings are currently under way and please clarify the content of the offence.

If you have been convicted in a foreign country, please provide the details of the penalty or an official statement (in Estonian or English). Providing additional information may facilitate the background check procedure.

**21. Membership in associations**

Please indicate both Estonian and foreign associations and organisations (including the Defence League, clubs, assemblies, congregations, societies, associations, cooperative societies, companies, political parties or other formations of individuals working towards common goals) where you are currently or have previously been a member.

**VI. CONSENT OF THE APPLICANT**

I consent to the Police and Border Guard Board checking the accuracy of the information I have submitted with this form and I am aware that providing false information may result in being denied the acquisition of major holding in a company involved in handling military weapons, ammunition or munitions of war referred to in Chapter 11<sup>1</sup> of the Weapons Act or in being denied an activity licence, in suspending or revoking an activity licence or in the refusal to hire me or employ me in service or in terminating my employment or service or in the refusal to use my services.

\_\_\_\_\_  
(day, month, year)

\_\_\_\_\_  
(signature of the person submitting the form)