

Personal data form

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

I. PERSONAL DATA

1. Name	
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first name(s) and surname(s) (please use capital letters)

2. Gender	
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3. Personal identification code	<table border="1" style="width: 100%;"><tr><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td><td style="width: 8%;"></td></tr></table>												

4. Date of birth (indicate if you do not have a personal identification code)	
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day, month, year

5. Place of birth	
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country, county, municipality, city

6. Previous first names and surnames	Period (in years and months)	Reason for change
6.1.		
6.2.		

7. Citizenship(s)	
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8. Residences

Please list in chronological order residences in all countries of residence over the past five years, beginning with the current residence.

Pease note: country of residence means any country where you have resided for at least six months.

No.	Start (month, year)	End (month, year)	Street, building, apartment, municipality, city, county, country, postal code
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, municipality, city, county, country, postal code)

10. Contact details and user accounts

Please indicate all telephone and other numbers that you have used or that have been registered to your name over the past five years (e.g. landline or mobile phone number, phone card, SIM card number, including eSIM card number, used in a tablet computer or other electronic device or virtual number). 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	User/owner (first 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.

Personal:	
Professional:	

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

No.	Name	Username or other identifiable feature	Comments
10.11.			
10.12.			
10.13.			
10.14.			
10.15.			

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

No.	Name	Username or other identifiable feature	Comments
10.16.			
10.17.			
10.18.			
10.19.			
10.20.			

II. FAMILY TIES

11. Marital status

Please mark with a cross your current marital status.

<input type="checkbox"/>	single	<input type="checkbox"/>	separated
<input type="checkbox"/>	married	<input type="checkbox"/>	divorced
<input type="checkbox"/>	registered partnership	<input type="checkbox"/>	registered partnership ended or terminated
<input type="checkbox"/>	domestic partnership	<input type="checkbox"/>	widowed
<input type="checkbox"/>	in a long-term relationship	<input type="checkbox"/>	

12. Spouse, registered partner or partner

Please provide the requested details on your spouse, registered partner or partner, former spouses, registered partners and partners and your relatives and relatives by marriage.

Name:												
Date and place of birth:												
Personal identification code:												
Citizenship(s):												

Previously used names:	
Residence of spouse, registered partner or partner, if different from your address, and their telephone number:	
(street, house, apartment, municipality, city, county, country, postal code)	
(telephone number, including area code)	

13. Former spouse, registered partner or partner	
Name:	
Date and place of birth:	
Citizenship(s):	
Current residence and telephone number of former spouse, registered partner or partner if known to you:	
(street, house, apartment, municipality, city, county, country, postal code)	
(telephone number, including area code)	

Name:	
Date and place of birth:	
Citizenship(s):	
Current residence and telephone number of former spouse, registered partner or partner if known to you:	
(street, house, apartment, municipality, city, county, country, postal code)	
(telephone number, including area code)	

<p>14. Relatives, relatives by marriage and other people close to you (including people living abroad)</p> <p>Please list your parents, foster parents, sisters and brothers, half-sisters and half-brothers, and children, including wards and persons under your curatorship. Please also list the parents, foster parents, sisters and brothers, half-sisters and half-brothers, and children, including wards and persons under their curatorship, of your spouse, registered partner or partner. 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 field.</p>

14.1. Name:		Degree of relationship:	father
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.2. Name:		Degree of relationship:	mother
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.3. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.4. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			

Residence:			
Employer and position:			
Contact details:			
14.5. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.6. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.7. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			

14.8. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.9. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			
14.10. Name:		Degree of relationship:	
Date of birth or personal identification code:			
Country of birth and citizenship(s):			
Residence:			
Employer and position:			
Contact details:			

III. EDUCATION

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. Please indicate your areas of specialisation and the courses you have taken, even if incomplete.

No.	Start (month, year)	End (month, year)	Name of school	
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.

Employer 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 contracts with other employers.

No.	Start (month, year)	End (month, year)	Name of employer	Position
17.1.				
Employer's address (country, city) and telephone number, including area code:				

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

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

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

No.	Start (month, year)	End (month, year)	Name of employer	Position
17.5.				
	Employer's address (country, city) and telephone number, including area code:			

18. Data on military service and military training

Please indicate in chronological order data on military service and military training in both Estonia and other countries, including conscript service, contractual active service in the Estonian Defence Forces or active service in the armed forces of another country.

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

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

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

V. OTHER INFORMATION

19. Criminal record and participation in criminal proceedings in the Republic of Estonia

Please mark with a cross "YES" or "NO".

YES	NO	
		Have you been punished for a misdemeanour?
		Have you been punished for a criminal offence?
		Are you currently subject to criminal proceedings as a suspect or the accused?
		Are you currently a witness or a victim in criminal proceedings?

20. Criminal record and participation in criminal proceedings in countries other than Estonia

Please mark with a cross "YES" or "NO".

YES	NO	
		Have you been punished for a misdemeanour?
		Have you been punished for a criminal offence?
		Are you currently subject to criminal proceedings as a suspect or the accused?
		Are you currently a witness or a victim in criminal proceedings?

Please provide the country other than Estonia where you have been punished or where criminal proceedings are currently underway and please clarify the content of the offence.

If you have been punished in a country other than Estonia, please provide the details of the punishment or an official statement (in Estonian or English). Providing additional information may facilitate the background check procedure.

21. Participation in associations, organisations, joint activities and movements

Please enlist all associations and organisations (including the Defence League, clubs, unions, congregations, societies and cooperatives), joint activities, movements and political parties (including countries other than Estonia), in which you are actively participating or have participated.

No.	Name	Location	Time of joining or leaving	Role and participation (active/nonactive)

VI. CONSENT

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 a qualifying holding in a company involved in handling military weapons, ammunition or munitions of war referred to in Chapter 11¹ 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)