

Annex to Regulation No 64 of the Minister of the Interior of 4 December 2015 “The application form for contesting the refusal to issue a visa, annulment of a visa, revocation of a visa, refusal to extend the period of stay or premature termination of the period of stay“
(In the wording of the Annex to Regulation No 39 of the Minister of the Interior of 02.12.2022)

THE APPLICATION FORM FOR CONTESTING THE REFUSAL TO ISSUE A VISA, ANNULMENT OF A VISA, REVOCATION OF A VISA, REFUSAL TO EXTEND THE PERIOD OF STAY OR PREMATURE TERMINATION OF THE PERIOD OF STAY

Please complete the application in block letters and legibly. Write the name according to the form of the name in Latin letters in the travel document. There must be no corrections in the application. If data is not available, mark the space with a dash.

PERSONAL INFORMATION OF THE PERSON CONTESTING THE DECISION

First name or names	Date of birth (dd.mm.yyyy)
Surname or names	
Street	Postal code
Town/village	State
Phone	Email

CONTESTATION

Name of the administrative body to which the application is submitted
.....

First appeal against the decision

Second appeal against the decision

Refusal to issue a visa, visa application No
.....

Annulment of visa No , decision No
.....

Revocation of visa No , decision No
.....

Refusal to extend the period of stay, application No
.....

Premature termination of the period of stay, decision No
.....

REASON FOR CONTESTATION OF THE DECISION (if necessary, use an additional sheet)

By signing the application, I confirm the correctness of the data submitted and the authenticity of the documents and the fact that I have not submitted a new application for the same type of visa to the foreign mission of the Republic of Estonia or another member state of the Schengen Convention or to the Police and Border Guard Board.

By signing the application, I confirm that I am aware that if I submit a new visa application of the same type to the foreign mission of the Republic of Estonia or to the Police and Border Guard Board during the processing of the application, the new application will not be reviewed until a final decision is made on this application.

Name and signature of the person contesting the decision or his/her legal representative

Date (dd.mm.yyyy)

THE FOLLOWING PART IS TO BE COMPLETED BY THE PERSON CONTESTING THE DECISION IF HE USES AN AUTHORIZED REPRESENTATIVE

I authorise the following person to represent me in actions related to submitting my application.

REPRESENTATIVE'S DATA

First name or names

Date of birth (dd.mm.yyyy)

Surname or names

Street

Postal code

Town/village

State

Phone

Email

By signing the application, I confirm that I authorize the named person to represent me in all actions related to the submission of my application.

Name and signature of the person contesting the decision or his/her legal representative

Date (dd.mm.yyyy)

TO BE FILLED BY AN AUTHORIZED REPRESENTATIVE

By signing the application, I confirm that I agree to represent the person contesting the decision in all actions related to the submission of his/her application.

Name and signature of the authorized representative

Date (dd.mm.yyyy)