

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		
<b>First name(s)</b>	<b>Surname(s) (Family name(s))</b>	
<b>Previous names</b>	<b>Father's name</b>	
<b>Date of birth</b> (dd.mm.yyyy)	<b>Country of birth</b>	<b>Place of birth</b>
<b>Sex</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>Nationality (nationalities)</b>	<b>Nationality at birth</b> (if different from current)
<b>Marital status</b> <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	
<b>Applicant's email address</b>	<b>Applicant's telephone number</b>
<b>Home address</b> (street/farm, house number, apartment number; village/town/city; municipality; county; country)	<b>Post code</b>
<b>Where are you staying in Estonia?</b> <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).....	
<b>Address of the place of stay</b> (street/farm, house number, apartment number; village/town/city; municipality; county)	<b>Post code</b>
<b>Email address of the place of stay</b>	<b>Telephone number of the place of stay</b>

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

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

<b>PERSONAL DATA</b>	
<b>Employer or educational institution in a foreign country</b> (if you work or study in a foreign county)	
Name: ..... Telephone number: .....	
Address: .....	
Position: .....	
<b>Do you have a family relationship with a European Union or European Economic Area citizen, or a citizen of Switzerland?</b>	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes (provide information on the European Union or European Economic Area citizen, or the citizen of Switzerland)	
Family relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> 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: .....	

<b>JOURNEY DETAILS</b>	
<b>Purpose of the journey</b>	
<input type="checkbox"/> Short term employment in Estonia	
<input type="checkbox"/> Study	
<input type="checkbox"/> Visiting family or friends	
<input type="checkbox"/> Medical reasons	
<input type="checkbox"/> Business	
<input type="checkbox"/> Startup entrepreneurship (indicate the number of the expert committee's application) .....	
<input type="checkbox"/> Other (indicate) .....	
<b>Desirable initial date of a visa</b> (dd.mm.yyyy)	<b>Date of departure from Estonia</b> (dd.mm.yyyy)
<b>Duration of the intended stay</b> (indicate the number of days)	
<b>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?</b>	
<input type="checkbox"/> Yes (indicate the country, the type of permit and its term of validity. Use additional pages if necessary) <input type="checkbox"/> No	
.....	
.....	
<b>Fingerprints collected within the past 59 months for the purpose of applying for a visa</b> (indicate if fingerprints were collected in the process of applying for an Estonian or a Schengen visa)	
<input type="checkbox"/> Yes (date of collection of fingerprints, if known): ..... ) <input type="checkbox"/> No	
<b>Cost of travelling and living during the applicant's stay is covered by</b>	<b>Means of support during the stay in Estonia</b>
<input type="checkbox"/> the applicant	<input type="checkbox"/> cash
<input type="checkbox"/> another person (indicate)	<input type="checkbox"/> credit card
.....	<input type="checkbox"/> salary
.....	<input type="checkbox"/> accommodation provided or prepaid
.....	<input type="checkbox"/> transport prepaid
.....	<input type="checkbox"/> other (indicate: .....) )

<b>DETAILS OF THE HOST PERSON, COMPANY OR ORGANIZATION</b> 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 contact person</b> (indicate if you visit a company or an organization)	

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

**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.*

<b>First name(s)</b>	<b>Surname(s) (Family name(s))</b>	
<b>Nationality (nationalities)</b>	<b>Date of birth</b> <i>(dd.mm.yyyy)</i>	
<b>Email address</b>	<b>Telephone number</b>	
<b>Contact address</b> <i>(street/farm, house number, apartment number; village/town/city; municipality; county; country)</i>		<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 adequate funds for my stay in Estonia and for leaving Estonia.**

<b>Date</b> <i>(dd.mm.yyyy)</i>	<b>Signature of the applicant or his/her legal representative</b>
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**FILLED IN BY AN OFFICIAL**

<b>Accepted for procedure</b> <i>(dd.mm.yyyy)</i>	<b>Name, signature</b>
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