

SIGN ALL PAGES OF THE FORM

Submit a colour digital photo:

- with dimensions of at least 1300 x 1600 pixels

- size from 1 MB to 5 MB

An applicant aged 15 years and older shall write a specimen signature. An applicant aged 7 to 14 years or an applicant with restricted active legal capacity may write a specimen signature. In case of an applicant under 7 years of age or an applicant who lacks capacity to sign the field shall be left blank. The specimen signature shall be written in dark ink and the signature must not exceed the limits of the signature field.

APPLICATION FOR EXTENSION OF A RESIDENCE PERMIT ON THE BASIS OF INTERNATIONAL PROTECTION

To be completed in capital letters. Please spell the names of a person according to the Latin name form on the identity document. Corrections are not allowed. If there is no data, draw a line.

PERSONAL DATA			
Given name or names		Surname or names	
Previous names		Other names	
Date of birth (dd.mm.yyyy)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Personal identification code	
Country of birth		Place of birth	
Nationality or ethnic group		Religion	
Citizenship(s) (including previous ones)			
Country	Date of acquisition of citizenship (dd.mm.yyyy)	Basis or circumstance of acquisition of citizenship	Is a previous one
.....	<input type="checkbox"/> yes <input type="checkbox"/> no
.....	<input type="checkbox"/> yes <input type="checkbox"/> no
.....	<input type="checkbox"/> yes <input type="checkbox"/> no

Language skills					
Language	Mother tongue	Can speak	Can read	Can write	Can understand
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact details in Estonia	
Address in Estonia (street/farm, house number, flat number, village/borough/town; parish; county)	Postal code
Phone number (in use since (dd.mm.yyyy))	E-mail address (in use since (dd.mm.yyyy))

I confirm that all the information provided in the application and the attached documents are correct. I am aware that the submission of false information is punishable.	
Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative

Other contact details (current and past)			
Phone, e-mail or social media account	In use since (dd.mm.yyyy)	In use until (dd.mm.yyyy)	Note
.....
.....
.....
.....

Previous places of residence (all previous actual places of residence)		
Country	Residential address	
Legal basis for stay	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Country	Residential address	
Legal basis for stay	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Country	Residential address	
Legal basis for stay	Start (dd.mm.yyyy)	End (dd.mm.yyyy)

INFORMATION ON STAYS		
Have you moved to another country after receiving protection? <input type="checkbox"/> no <input type="checkbox"/> yes (please fill in the fields below)		
Moving abroad	From (dd.mm.yyyy)	Until (dd.mm.yyyy)
Country
.....

Country of origin	
Country	Date of exit from the country (dd.mm.yyyy)

Transit countries				
Country	Date of entry (dd.mm.yyyy)	Date of exit (dd.mm.yyyy)	Border crossing point	Document used for passing the border crossing point
.....
.....
.....
.....

Time and legal basis for arrival in Estonia
Date of arrival in Estonia (dd.mm.yyyy)
Border crossing point.....
Document used for passing the border crossing

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Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative

Time and legal basis for arrival in Estonia
Reason for arriving in Estonia and/or requesting international protection
.....
.....
.....
Purpose and actual destination of the journey
.....
.....
.....
.....
.....

Education		
Country	Name of the educational establishment	Level of education
Specialty	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Country	Name of the educational establishment	Level of education
Specialty	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
Country	Name of the educational establishment	Level of education
Specialty	Start (dd.mm.yyyy)	End (dd.mm.yyyy)

Employment data		
Name of the company/other important circumstance	Start (dd.mm.yyyy)	End (dd.mm.yyyy)
.....
.....
.....
.....

Security and service record <i>If you answer "yes" to at least one of the following questions, please fill in the additional form "Security assessment and service record additional form"</i>
Have you been involved in activities that could threaten the territorial integrity and independence of Estonia or your country of nationality? <input type="checkbox"/> yes <input type="checkbox"/> no
During the period of validity of your residence permit granted on the basis of protection, have you visited a country that is (was) at war with your country of nationality or occupying (has occupied) the territory of your country of nationality? <input type="checkbox"/> yes <input type="checkbox"/> no
During the period of validity of protection, have you visited the country/countries of nationality? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you been convicted of an offence? <input type="checkbox"/> yes <input type="checkbox"/> no

I confirm that all the information provided in the application and the attached documents are correct. I am aware that the submission of false information is punishable.	
Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative

Security and service record *If you answer "yes" to at least one of the following questions, please fill in the additional form "Security assessment and service record additional form"*

Have you witnessed any war crimes or crimes against the person?

yes no

Have you had any contact with any country's intelligence or security services?

yes no

Have you cooperated with any country's intelligence or security services?

yes no

Are you serving or have you served in the armed forces of any other country (other than Estonia), including in a career position, intelligence or security services, or have you participated in military operations outside Estonia?

yes no

Are you subject to mobilisation in the country of nationality?

yes no

Have you received a summons for mobilisation?

yes no

The reason for extending the residence permit

Applications lodged elsewhere

Have you applied for international protection in other countries?

Yes, currently Yes, previously No Not known

Current or previous applications

Country

Date of application (dd.mm.yyyy)
(dd.mm.yyyy)

Reason for application

Decision on the application

Family members

Marital status

married divorced widow(er) in a registered partnership in a common-law marriage
 single

Do you have any family members?

no yes (Please fill in the form "Information on close relatives and family members")

LEGAL REPRESENTATIVE *For a child under the age of 18 or other person with restricted active legal capacity, the form is completed by a legal representative (parent or guardian of a minor child or a representative of guardianship authority)*

Representative

parent guardian authorised person/representative

Estonian personal identification code or date of birth
(dd.mm.yyyy) / registry code of the guardianship authority

Given name and surname / name of the guardianship authority

I confirm that all the information provided in the application and the attached documents are correct. I am aware that the submission of false information is punishable.

Date (dd.mm.yyyy)

Signature of the applicant or his/her legal representative

SHALL BE COMPLETED BY AN OFFICIAL

Accepted for proceedings

Name, signature