Clear

APPLICATION FOR REFUND OF STATE FEE

DATA OF THE PERSON OR INSTITUTION WHO PAID THE STATE FEE

Given name or names	**Surname or names**	**Estonian personal code** **or date of birth** *(dd/mm/yyyy)*
Name of the institution		**Registry code of the institution**

CONTACT DATA

Contact address *(street/farm, house number, apartment number; village/borough/city; parish; county; country)*	**Zip code**
E-mail address	**Phone number**

DATA REGARDING THE STATE FEE PAID

The state fee was paid

☐ **By bank transfer**

Current account number of the Ministry of Finance (Rahandusministeerium)……..…

Reference number …… date of payment *(dd/mm/yyyy)* …….. and amount *(in EUR)* ..……

Remitter's current account number ……..

Remitter's bank..……..……

☐ **In cash**

Name of the Police and Border Guard Board Service Office or Foreign Representation

……..……..……

Date of payment *(dd/mm/yyyy)*……and amount *(in EUR)* ……. receipt filing number …….……..…

☐ **By bank card**

Name of the Police and Border Guard Board Service Office …..……..……...

Date of payment *(dd/mm/yyyy)*…….. and amount *(in EUR)* …… invoice number……..…….

The person for whom the state fee was paid (given name, surname and ID) *(please provide, if the data is different from the applicant's data)*

The act for which the state fee was paid	**The amount of refund applied for** *(in EUR)*

Reasons for applying for refund of state fee

DATA OF THE CURRENT ACCOUNT TO WHICH THE REFUND OF THE STATE FEE IS REQUESTED

Given name or names	**Surname or names**	**Estonian personal code** **or date of birth** *(dd/mm/yyyy)*
Name of the institution		**Registry code of the institution**
Account number *(in the case of a foreign bank, please add the BIC or SWIFT code)*	**Bank**	

I confirm that all the submitted data is correct. I am aware that the submission of incorrect data is punishable.

Date *(dd/mm/yyyy)*	**Signature**