

Color photo of the applicant (35 x 45 mm) to be attached here

## APPLICATION FOR AN EXTENSION OF THE PERIOD OF STAY

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

First name(s)		Surname(s) (Family name(s))	
Previous names		Father's name	
Date of birth (dd.mm.yyyy)	Country of birth	Place of birth	
Sex <input type="checkbox"/> male <input type="checkbox"/> female	Nationality (nationalities)	Nationality at birth (if different from current)	
Marital status <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

Applicant's email address		Applicant's telephone number	
Home address (street/farm, house number, apartment number; village/town/city; municipality; county; country)			Post code
Where are you staying in Estonia? <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).....			
Address of the place of stay (street/farm, house number, apartment number; village/town/city; municipality; county)			Post code
Email address of the place of stay		Telephone number of the place of stay	

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

Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative
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**DATA ON THE APPLICATION FOR AN EXTENTION OF THE PERIOD OF STAY**

<p><b>I am applying for an extension of the period of stay until</b> <i>(dd.mm.yyyy)</i></p> <p>.....</p>	<p><b>Reason for my application for an extension of the period of stay</b></p> <p><input type="checkbox"/> Force majeure</p> <p><input type="checkbox"/> Humanitarian reason</p> <p><input type="checkbox"/> Serious occupational reason</p> <p><input type="checkbox"/> Serious personal reason</p> <p><input type="checkbox"/> Short-term employment in Estonia</p> <p><input type="checkbox"/> Startup entrepreneurship</p>
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**Detailed explanation of the reason for your application for an extension of the period of stay** *(fill in if you are applying for an extension of the period of stay due to force majeure, humanitarian reasons, serious occupational reasons or serious personal reasons)*

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**DETAILS OF THE HOST PERSON, COMPANY OR ORGANIZATION.** *No details must be provided if the employer has registered short-term employment of the applicant in Estonia.*

**Name and surname and date of birth or personal code of the private person or name and registration code of the company/organization**

<b>Email address</b>	<b>Telephone number</b>	
<b>Address</b> <i>(street/farm, house number, apartment number; village/town/city; municipality; county)</i>		<b>Post code</b>

**First name, surname email address and telephone number of the contact person** *(indicate if you are visiting a company or organization)*

**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 legal representative's details if they 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 a required medical insurance for my stay in Estonia and 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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