

ADDITIONAL FORM 1
 To be completed in capital letters. Corrections are not allowed. If there is no data, make a dash.

PERSONAL DATA		
Given name or names	Surname or names	Estonian personal code or date of birth (dd.mm.yyyy)

MILITARY STUDIES AND/OR RANK	
Name of school or course	Military rank
Name of school or course	Military rank
Name of school or course	Military rank

MEMBER OF A MILITARY RESERVE FORCE	
Country	
Reason	

HAVE YOU PARTICIPATED IN THE UKRAINIAN ARMED CONFLICT?	
<input type="checkbox"/> yes (state the unit)	
<input type="checkbox"/> no	

PARTICIPATION IN MILITARY ACTIVITY	
Country	Time of participation (initial and final date in form dd/mm/yyyy) -
Name of unit	Name of the mission or explanation
Position	Tasks

Country	Time of participation (initial and final date in form dd/mm/yyyy) -
Name of unit	Name of the mission or explanation
Position	Tasks

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

PLEASE SIGN ALL PAGES OF THE APPLICATION

DESCRIPTION OF MILITARY CAREER OR EMPLOYMENT IN THE INTELLIGENCE OR SECURITY SERVICES OR OTHER ARMED ORGANISATIONS	
Name of the institution, organization or unit	Address (<i>street/farm, house number, apartment number; village/borough/city; parish; county; country</i>)
Position	Tasks
Field of activity of the organization	Service, employment period (<i>initial and final date in form dd/mm/yyyy</i>) -
Military card number (<i>add a copy of each page of the military card</i>)	Military card date of issue (<i>date in form dd/mm/yyyy</i>)

Name of the institution, organization or unit	Address (<i>street/farm, house number, apartment number; village/borough/city; parish; county; country</i>)
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Date (<i>dd.mm.yyyy</i>)	Signature of the applicant or his/her legal representative