

Please provide a digital colour photograph:

- minimum resolution of at least 1300 x 1600 pixels
- file size 1 – 5 MB
- file format JPG

An applicant of at least 15 years of age shall sign in the space provided. An applicant from 7 to 14 years of age, or a grown-up applicant with restricted legal capacity, may sign in the space provided. In the case of an applicant under 7 years of age, or a person who is incapable of signing, the space for signature shall remain blank. The sample signature shall be written in dark ink and the signature must not cross the borders of the signature box.

## APPLICATION FOR TEMPORARY RESIDENCE PERMIT

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 identity document. Corrections are not allowed. If there is no data, make a dash. Fields marked with an asterisk are optional.

PERSONAL DATA		
Given name or names	Surname or names	
Previous names	Patronym	
Estonian personal code	Date of birth (dd.mm.yyyy)	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Country of birth (please indicate the current name of the country)	Nationality*	Native language*
Citizenship or citizenships	Previous citizenships	

CONTACTS	
Contact address in Estonia (street/farm, house number, apartment number; village/borough/city; parish; county)	Zip code
Residence address in Estonia Complete, if varies from the contact address in Estonia	Zip code
Contact address in a foreign country (street/farm, house number, apartment number; village/borough/city; parish; county; country)	Zip code
E-mail	Phone number

BASIS FOR APPLICATION
<p><b>Temporary residence permit</b></p> <p><input type="checkbox"/> for settling to reside with spouse/registered partner (submit the additional form "Invitation by a spouse or registered partner")</p> <p><input type="checkbox"/> I confirm that there is a close economic link and psychological dependence between the spouses, that the family is stable and that the marriage is not fictitious.</p> <p><input type="checkbox"/> for settling to reside with a parent (submit the additional form "Invitation by a parent")</p> <p><input type="checkbox"/> for settling to reside with a child / grandchild (submit the additional form "Invitation by an adult child or grandchild")</p> <p><input type="checkbox"/> for settling to reside with a guardian (submit the additional form "Invitation by a guardian")</p> <p><input type="checkbox"/> for study</p> <p><input type="checkbox"/> for employment</p> <p><input type="checkbox"/> for business</p> <p><input type="checkbox"/> the company starts its activities with a supporting investment received from the state or from a private fund</p> <p><input type="checkbox"/> on the basis of an international agreement (indicate a reference to the provision of the international agreement)</p> <p>.....</p> <p><input type="checkbox"/> in case of substantial national interest</p> <p><input type="checkbox"/> for settling to reside permanently in Estonia</p>

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

<b>BIOGRAPHICAL DATA</b> <i>Please also complete the additional form „Biographical data“</i>	
<b>Marital status</b> <input type="checkbox"/> married/registered partnership <input type="checkbox"/> in common-law marriage <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> widowed	
<b>Do you have any family members?</b> <input type="checkbox"/> yes ( <i>complete the additional form „Data concerning close relatives and family members“</i> ) <input type="checkbox"/> no	
<b>Education</b> ( <i>state the highest graduated educational level</i> )	
<b>Are you holding a residence permit or a right of residence in another country?</b> <input type="checkbox"/> yes ( <i>state the country, type and validity period</i> ) ..... <input type="checkbox"/> no	
<b>Have you been punished for a criminal offence?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Are you serving/have you served in the armed forces of any country (other than a NATO Member State) as a compulsory conscript and/or as a career military officer (including contractual)?</b> <input type="checkbox"/> yes ( <i>please complete the additional form 1</i> ) <input type="checkbox"/> no	
<b>Are you currently a member of a military reserve force of any country (other than a NATO Member State)?</b> <input type="checkbox"/> yes ( <i>please complete the additional form 1</i> ) <input type="checkbox"/> no	
<b>Are you engaged/have you been engaged in military activity outside Estonia?</b> <input type="checkbox"/> yes ( <i>please complete the additional form 1</i> ) <input type="checkbox"/> no	
<b>Do you work/have you worked for, cooperated with, or otherwise been associated with (e.g. family member) the intelligence or security services of any country (other than a NATO member state)?</b> <input type="checkbox"/> yes ( <i>please complete the additional form 1</i> ) <input type="checkbox"/> no	
<b>Do you work/have you worked for state or non-state armed organisations or units (e.g. in the police, detention facilities and other law enforcement units, border guard, surveillance and security company, private mercenary army etc.) in a country other than a NATO Member State?</b> <input type="checkbox"/> yes ( <i>please complete the additional form 1</i> ) <input type="checkbox"/> no	
<b>Are you/have you been a member of a criminal organisation, a terrorist organisation or an extremist group, or are you/have you been in contact with anyone who is/was their member?</b> <input type="checkbox"/> yes ( <i>please indicate organisation name and time</i> ) ..... <input type="checkbox"/> no	
<b>Have you been in a territory controlled by a terrorist organisation or an extremist group?</b> <input type="checkbox"/> yes ( <i>please indicate territory and time</i> ) ..... <input type="checkbox"/> no	
<b>Have you come into contact with or do you know how to handle firearms, explosives or explosive devices?</b> <input type="checkbox"/> yes ( <i>please add explanation in free format</i> ) ..... <input type="checkbox"/> no	
<b>Do you think people can be treated differently because of their nationality, race or religion?</b> <input type="checkbox"/> yes ( <i>please add explanation in free format</i> ) ..... <input type="checkbox"/> no	
<b>Have you committed crimes against humanity or war crimes?</b> <input type="checkbox"/> yes ( <i>please add explanation in free format</i> ) ..... <input type="checkbox"/> no	

<b>PLACES OF ISSUE OF DOCUMENTS</b> <i>The documents shall be issued to the applicant, his/her legal representative or authorised person.</i>	
<input checked="" type="checkbox"/> <b>Residence permit card</b>	<b>Place of issue</b>
<input type="checkbox"/> <b>Aliens passport</b> <b>I confirm that I have no travel document of a foreign country and I have no possibility to obtain it.</b> Expiry of document Lost/destroyed/stolen	<b>Place of issue</b> First application Data changed Document unusable

<b>LEGAL REPRESENTATIVE</b> <i>An application for a child under 15 years of age or a person with restricted active legal capacity shall be submitted by his/her legal representative. An applicant who is at least 15 years old can submit the application independently.</i>	
<b>Given name and surname or names of representative</b>	<b>Estonian personal code or date of birth (dd.mm.yyyy)</b>
<b>Name of the representing institution</b>	<b>Register code of the representing institution</b>

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

OTHER IMPORTANT INFORMATION RELATED TO THE APPLICATION *If necessary, use additional sheet.*

Lined area for providing additional information.

I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable. I confirm that the annexed copies are in conformity with the original documents, that I have a medical expenses insurance contract in compliance with the requirements provided for in § 120 of the Aliens Act and that I have sufficient legal income ensuring subsistence for me and my family members in Estonia. I confirm, that I agree to the terms of use of the certificates of residence card, available at the address [www.id.ee/termsandconditions](http://www.id.ee/termsandconditions)

Date (dd.mm.yyyy)	Signature of the applicant or his/her legal representative
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SHALL BE COMPLETED BY AN OFFICIAL

Accepted for procedure (dd.mm.yyyy)	Name, signature
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