

Please affix
colour photo of
applicant
4 x 5 cm.

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.

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

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

BIOGRAPHICAL DATA**Education** (state the highest graduated educational level)***Have you obtained residence permit or right of residence in any other country after the submission of the previous application for residence permit?**☐ yes (state the country, type and validity period) ☐ no
.....**Have you been punished for a criminal offence after the submission of the previous application for residence permit?**☐ yes ☐ no**Are you serving/have you served in armed forces of another country (with the exception of Estonia) after the submission of the previous application for residence permit, including, as a career military, in intelligence or security service, or are you participating/have you participated in military operations outside Estonia?**☐ yes (complete the additional form „Career in armed forces of foreign country, employment in intelligence or security service of foreign country“)
☐ no**PLACES OF ISSUE OF DOCUMENTS** The documents shall be issued to the applicant, his/her legal representative or authorised person.☒ Residence permit card

Place of issue

☐ Aliens passport

I confirm that I have no travel document of a foreign country and I have no possibility to obtain

Place of issue

LEGAL REPRESENTATIVE 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.**Given name and surname or names of representative****Estonian personal code or date of birth** (dd/mm/yyyy)**Name of the representing institution****Register code of the representing institution****OTHER IMPORTANT INFORMATION RELATED TO THE APPLICATION** If necessary, use additional sheet.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable. I confirm, that I agree to the terms of use of the certificates of residence card, available at the address www.id.ee/termsandconditions.**Date** (dd/mm/yyyy)**Signature of the applicant or his/her legal representative****SHALL BE COMPLETED BY AN OFFICIAL****Accepted for procedure** (dd/mm/yyyy)**Name, signature**