## PLEASE SIGN ALL PAGES OF THE APPLICATION Please provide a digital colour photograph: minimum resolution of at least 1300 x 1600 pixels 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 file size 1 – 5 MB 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 file format JPG 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 ☐ male ☐ female Country of birth (please indicate the current name of Nationality\* Native language\* the country) Citizenship or citizenships **Previous citizenships** CONTACTS Contact address in Estonia (street/farm, house number, apartment number; village/borough/city; Zip code parish; county) 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; Zip code village/borough/city; parish; county; country) E-mail Phone number **BASIS FOR APPLICATION** Temporary residence permit for settling to reside with spouse/registered partner (submit the additional form "Invitation by a spouse or registered partner") ☐ 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. ☐ for settling to reside with a parent (submit the additional form "Invitation by a parent") for settling to reside with a child / grandchild (submit the additional form "Invitation by an adult child or grandchild") for settling to reside with a guardian (submit the additional form "Invitation by a guardian") ☐ for study □ for employment for business the company starts its activities with a supporting investment received from the state or from a private fund on the basis of an international agreement (indicate a reference to the provision of the international agreement) ..... in case of substantial national interest for settling to reside permanently in Estonia

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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BIOGRAPHICAL DATA Please also complete the additional for	rm "Biographica	al data"			
Marital status	_	<b>-</b>	<b>-</b>	<b>–</b>	
☐ married/registered partnership ☐ in common-law n	narriage	divorced	single	☐ widowed	
Do you have any family members?  ☐ yes (complete the additional form "Data concerning close relative."	tives and family	ı members"		□ no	
	ives and family	members			
Education (state the highest graduated educational level)					
Are you holding a residence permit or a right of resider		=		_	
☐ yes (state the country, type and validity period)				🗆 no	
Have you been punished for a criminal offence?  ☐ yes				Ппо	
☐ yes ☐ no ☐ n					
compulsory conscript and/or as a career military office			ti o momboi ott	ato, ao a	
☐ yes (please complete the additional form 1)				☐ no	
Are you currently a member of a military reserve force	of any counti	ry (other than a N	NATO Member S	tate)?	
$\square$ yes (please complete the additional form 1)				□ no	
Are you engaged/have you been engaged in military ac	tivity outside	Estonia?		_	
☐ yes (please complete the additional form 1)				□ no	
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 t	nan a NAIO	member state)?		□ no	
yes (please complete the additional form 1)		-tiono ouito (o	a in the nelies		
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 Stat			opuy, pu.o	, y	
☐ yes (please complete the additional form 1)				□ no	
Are you/have you been a member of a criminal organis you/have you been in contact with anyone who is/was to			or an extremist	group, or are	
yes (please indicate organisation name and time)				🗆 no	
Have you been in a territory controlled by a terrorist or ☐ yes (please indicate territory and time)	_	_	-	no	
Have you come into contact with or do you know how to handle firearms, explosives or explosive devices?					
$\square$ yes (please add explanation in free format)				□ no	
Do you think people can be treated differently because	of their natio	onality, race or re	eligion?	_	
□yes (please add explanation in free format) □ no					
Have you committed crimes against humanity or war crimes?					
☐yes (please add explanation in free format)				□ 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		Place of issue			
I confirm that I have no travel document of a foreign co	untry and I				
have no possibility to obtain it. First app	olication				
Expiry of document Data characteristics Lost/destroyed/stolen Docume	anged nt unusable				
·					
<b>LEGAL REPRESENTATIVE</b> 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		ersonal code or d		<del>-</del>	
Construction and surraine structures of representative	p			,,,,,	
Name of the representing institution	Name of the representing institution Register code of the representing institution				
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 o	of the applicant o	r his/her legal re	epresentative	

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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 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			
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		
	-		