PLEASE SIGN ALL PAGES OF THE APPLICATION

Clear

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 EXTENSION OF 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**
Estonian personal code	**Citizenship or citizenships**
Nationality*	**Native language***

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

BIOGRAPHICAL DATA

Marital status

☐ married/registered partnership ☐ in common-law marriage ☐ divorced ☐ single ☐ widowed

Has any data of family members changed after the submission of the previous application for residence permit ?

In the case of changes, write the changes, which have taken place in any other country besides Estonia.

☐ yes *(complete the additional form „Data concerning close relatives and family members")* ☐ no

Has any data of study, employment or other material aspects changed after the submission of the previous application for residence permit?

☐ yes *(please also complete the additional form „Biographical data)* ☐ no

Education *(state the highest graduated educational level)**

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
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 convicted of a criminal offence after your previous application for a residence permit? ☐ yes ☐ no
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) since You last applied for residence permit? ☐ yes *(please complete the additional form 1)* ☐ no
Have You become a member of a military reserve force of any country (other than a NATO Member State) since You last applied for residence permit? ☐ yes *(please complete the additional form 1)* ☐ no
Have You been engaged in military activity outside Estonia since You last applied for residence permit? ☐ yes *(please complete the additional form 1)* ☐ no
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) since You last applied for residence permit? ☐ yes *(please complete the additional form 1)* ☐ no
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 since You last applied for residence permit? ☐ yes *(please complete the additional form 1)* ☐ no
Have You been a member of a criminal organisation, a terrorist organisation or an extremist group, or have You been in contact with anyone who is/was their member since You last applied for residence permit? ☐ yes *(please indicate organisation name and time)* …… ☐ no
Have You been in a territory controlled by a terrorist organisation or an extremist group since You last applied for residence permit? ☐ 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 since You last applied for residence permit? ☐ yes ☐ no
Do you think people can be treated differently because of their nationality, race or religion? ☐ yes ☐ no
Have You committed crimes against humanity or war crimes since You last applied for residence permit? ☐ yes ☐ 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 it.** Expiry of document / First application Lost/destroyed/stolen / Data changed Document unusable	**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**

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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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**