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 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** *(if it is included in the travel document)*	
Estonian personal code	**Date of birth** *(dd.mm.yyyy)*	**Gender** ☐ male ☐ female
Country of birth *(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 *(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

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 *(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**

BIOGRAPHICAL DATA *Please also complete the additional form „Biographical data“*

Marital status

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

Do you have any family members?

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

Education *(the highest graduated educational level)*

Are you holding a residence permit or a right of residence in another country?

☐ yes *(the country, type and validity period)* …… ☐ no

Have you been punished for a criminal offence?

☐ yes ☐ no

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)?

☐ yes *(please complete the additional form 1)* ☐ no

Are you currently a member of a military reserve force of any country (other than a NATO Member State)?

☐ yes *(please complete the additional form 1)* ☐ no

Are you engaged/have you been engaged in military activity 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 or another power structure of any country (other than a NATO member state)?

☐ yes *(please complete the additional form 1)* ☐ no

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?

☐ yes *(please complete the additional form 1)* ☐ no

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?

☐ yes *(organisation name and time)*…… ☐ no

Have you been in a territory controlled by a terrorist organisation or an extremist group?

☐ yes *(territory and time)*…… ☐ no

Have you come into contact with or do you know how to handle firearms, explosives or explosive devices?

☐ yes *(please add explanation in free format)* ☐ no

Do you think people can be treated differently because of their nationality, race or religion?

☐ 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** **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**

PLEASE SIGN ALL PAGES OF THE APPLICATION

OTHER IMPORTANT INFORMATION RELATED TO THE APPLICATION THAT YOU NEED TO ADD *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**