\*2022238289\* 2022238289

Color photo of the

applicant (35 x 45

mm) to be attached

here

**APPLICATION FOR A LONG-STAY VISA**

**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 travel document. The application should not contain any corrections. Where no information is available, put a dash.**

**PERSONAL DATA OF THE APPLICANT**

| **First name(s)**  Given Name from Passport | | **Surname(s) (Family name(s))**  Surname as per the Passport | |
| --- | --- | --- | --- |
| **Previous names**  Same as Surname (if name is not changed) | | **Father’s name**  Fathers name as per the passport | |
| **Date of birth** *(dd/mm/yyyy)* Date of Birth as per passport | **Country of birth**  As per passport | | **Place of birth**  As per passport |
| **Sex**  ◻ male □ female | **Nationality (nationalities)**  As per passport | | **Nationality at birth** *(if different from current)* IF applicable mention your current nationality otherwise leave it as blank |

**Marital status**

◻ Single ◻ Married ◻ Separated ◻ Divorced ◻ Widow(er) ◻ Other

**CONTACT DETAILS**

| **Applicant’s email address**  email id | **Applicant’s telephone number**  phone | |
| --- | --- | --- |
| **Home address** *(street/farm, house number, apartment number; village/town/city; municipality; county; country)*  As per the format mentioned *(street/farm, house number, apartment number; village/town/city; municipality; county; country)* , arrange your address provided in the Passport, if you have only house name then mention your Post box and house name instead of house number and apartment number. | | **Post code** |
| **Where are you staying in Estonia? Tick whats applicable and provide the information in the blank space next to the ticked ones**  ◻ With a private person *(indicate the person’s name and surname)* .....................................................................................................  ◻ In a hotel or an accommodation establishment *(indicate the name)* .............................................................................................. ◻ Other place of stay *(indicate)* ............................................................................................................................................................. | | |
| **Address of the place of stay** *(street/farm, house number, apartment number; village/town/city; municipality; county)*  Eg : Address: Narva maantee 5-137; Kesklinna linnaosa; Tallinna linn; Harju maakond   * Street/Farm: Narva maantee 5-137 * House number: 5 * Apartment number: 137 * Village/Town/City: Tallinna linn (City of Tallinn) * Municipality: Kesklinna linnaosa (Central City District) * County: Harju maakond (Harju County) | | **Post code**  Pin Code |
| **Email address of the place of stay**  Email id of the place of stay | **Telephone number of the place of stay**  Phone number of the place of stay | |

| **TRAVEL DOCUMENT DETAILS** | | | |
| --- | --- | --- | --- |
| **Type of travel document** ◻ National –passport – If its Ordinary passport then tick National passport  ◻ Other – If holding Diplomatic passport  or White  or Orange  Or Service  Or Official  Or Special  passport  or other travel document  then tick other | **Document number**  Enter Passport No | | **Issued by**  **For India :**  INDIA  REGIONAL PASSPORT OFFICE, ‘Place of Issue’ in Passport. **Check the authority name and office mentioned in the seal**  **For Other Countries:**  ‘Authority’ in Passport |
| **Date of issue** *(dd/mm/yyyy)*  As per passport | | **Valid until** *(dd/mm/yyyy)*  As per passport | |

**I confirm that all the provided data is correct. I am aware that the submission of incorrect data is punishable.**

| **Date** *(dd/mm/yyyy)*  |\_|\_||\_|\_||\_|\_|\_|\_|  **Date when you go to the embassy or VFS for submission** | **Signature of the applicant or his/her legal representative**  **After filling all the the above fields Sign here** |
| --- | --- |

| **PERSONAL DATA** |
| --- |
| **Employer or educational institution in a foreign country** *(if you work or study in a foreign county*) Enter the details of work or study as applicable with phone number WIPRO LTD  Name: ............................................................................................ Telephone number: ...................................................... KEONICS ELECTRONIC CITY PHASE 1 NO 72, 560100 BANGALORE, HOSUR ROAD, INDIA  Address: .................................................................................................................................................................................  Position:Position held ..................................................................................................................................... |
| **Do you have a family relationship with a European Union or European Economic Area citizen, or a citizen of Switzerland? As applicable**  ◻ No  ◻ Yes (*provide information on the European Union or European Economic Area citizen, or the citizen of Switzerland)* Family relationship: ◻ spouse ◻ child ◻ grandchild ◻ dependent parent  ---  ---  First name(s): ................................................................. Surname(s) (Family name(s)): ................................................... ---  Nationality**:** ..................................................................... Date of birth *(dd/mm/yyyy):*  ---  Number of this person’s travel document or personal identification document**:** .................................................................... --- |

| **JOURNEY DETAILS** | |
| --- | --- |
| **Purpose of the journey Select your purpose of travel**  ◻ Short term employment in Estonia  ◻ Study  ◻ Visiting family or friends  ◻ Medical reasons  ◻ Business  ◻ Startup entrepreneurship *(indicate the number of the expert committee’s application)* ....................................................................  ---  ◻ Remote working  ◻ Other *(indicate)* ..................................................................................................................................................................................... --- | |
| **Desirable initial date of a visa** *(dd/mm/yyyy)* 08.07.2023 ( This should comply with your flight ticket date) | **Date of departure from Estonia** *(dd/mm/yyyy)*  07.07.2024 (add a year to the initial date) |
| **Duration of the intended stay** *(indicate the number of days)*  365 | |
| **Was a visa or a residence permit of another European Union country issued to you within the past five years or do you have a valid residence permit or a visa of another European Union country?**  **As applicable**  ◻ Yes (*indicate the country, the type of permit and its term of validity. Use additional pages if necessary)* ◻ No ---  ................................................................................................................................................................................................ ................................................................................................................................................................................................ ................................................................................................................................................................................................ | |
| **Fingerprints collected within the past 59 months for the purpose of applying for a visa** *(indicate if fingerprints were collected in the process of applying for an Estonian or a Schengen visa)*  **As applicable**  ◻ Yes *(date of collection of fingerprints, if known): )* ◻ No  --- | |
| **Cost of travelling and living during the applicant's stay is covered by**  **Mention who takes care of the travel and living expenses and tick accordingly**  ◻ the applicant  ◻ another person *(indicate)*  **if for job purpose, and all costs are borne by the company then mention the point of contact in the company or company name with info like what all covered.**  **For eg: Company Name in the Job contract or the point of contact in the company, Air ticket and hotel accommodation provided.**  ................................................................................................. ................................................................................................. | **Means of support during the stay in Estonia**  **Tick as applicable:**  **Accommodation , Transport Prepaid and (Cash / Credit card) should be checked**  ◻ cash  ◻ credit card  ◻ salary  ◻ accommodation provided or prepaid  ◻ transport prepaid  ◻ other *(indicate: .....*...................................................................... *)* --- |

| **DETAILS OF THE HOST PERSON, COMPANY OR ORGANIZATION** *No details must be provided if the employer has registered short-term employment of the applicant in Estonia.* | | |
| --- | --- | --- |
| **Name and surname and date of birth or personal code of the private person or name and registration code of the company/organization** --- | | |
| **Email address**  --- | **Telephone number**  --- | |
| **Address** *(street/farm, house number, apartment number; village/town/city; municipality; county)* --- | | **Post code**  --- |

**First name, surname email address and telephone number of contact person** *(indicate if you visit a company or an*

*organization)*

, ,

**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** |
| --- | --- |

| **DETAILS OF THE LEGAL REPRESENTATIVE** *The application of persons under 15 years of age or for persons with limited legal capacity is filled in by that person’s legal representative. A person of 15 years of age or older can submit the application personally. Submit the details if the legal representative’s details differ from the details of the applicant.* | | |
| --- | --- | --- |
| **First name(s)**  --- | **Surname(s) (Family name(s))**  --- | |
| **Nationality (nationalities)**  --- | **Date of birth** *(dd/mm/yyyy)*  --- | |
| **Email address**  --- | **Telephone number**  --- | |
| **Contact address** *(street/farm, house number, apartment number; village/town/city; municipality; county; country)* --- | | **Post code**  --- |

| **I confirm that all the provided data is correct. I am aware that the state fee is not refunded if the application is not reviewed or visa is refused. By signing the application, I confirm that I have adequate funds for my stay in Estonia and for leaving Estonia.** | |
| --- | --- |
| **Date** *(dd/mm/yyyy)*  |\_|\_||\_|\_||\_|\_|\_|\_| | **Signature of the applicant or his/her legal representative** |
| **FILLED IN BY AN OFFICIAL** | |
| **Accepted for procedure** *(dd/mm/yyyy)*  |\_|\_||\_|\_||\_|\_|\_|\_| | **Name, signature** |