

**THE APPLICATION FORM FOR CONTESTING THE REFUSAL TO ISSUE A VISA, ANNULMENT OF A VISA, REVOCATION OF A VISA, REFUSAL TO EXTEND THE PERIOD OF STAY OR PREMATURE TERMINATION OF THE PERIOD OF STAY**

Please complete the application in block letters and legibly. Write the name according to the form of the name in Latin letters in the travel document. There must be no corrections in the application. If data is not available, mark the space with a dash.

PERSONAL INFORMATION OF THE PERSON CONTESTING THE DECISION	
First name or names	Date of birth (dd.mm.yyyy)
Surname or names	
Street	Postal code
Town/village	State
Phone	Email

CONTESTATION	
Name of the administrative body to which the application is submitted .....	
<input type="checkbox"/> First appeal against the decision	<input type="checkbox"/> Second appeal against the decision
<input type="checkbox"/> Refusal to issue a visa, visa application No ..... <input type="checkbox"/> Annulment of visa No ....., decision No ..... <input type="checkbox"/> Revocation of visa No ....., decision No ..... <input type="checkbox"/> Refusal to extend the period of stay, application No ..... <input type="checkbox"/> Premature termination of the period of stay, decision No .....	

REASON FOR CONTESTATION OF THE DECISION (if necessary, use an additional sheet)
_____ _____ _____ _____ _____ _____ _____



By signing the application, I confirm the correctness of the data submitted and the authenticity of the documents and the fact that I have not submitted a new application for the same type of visa to the foreign mission of the Republic of Estonia or another member state of the Schengen Convention or to the Police and Border Guard Board.

By signing the application, I confirm that I am aware that if I submit a new visa application of the same type to the foreign mission of the Republic of Estonia or to the Police and Border Guard Board during the processing of the application, the new application will not be reviewed until a final decision is made on this application.

Name and signature of the person contesting the decision or his/her legal representative

Date (dd.mm.yyyy)

**THE FOLLOWING PART IS TO BE COMPLETED BY THE PERSON CONTESTING THE DECISION IF HE USES AN AUTHORIZED REPRESENTATIVE**

I authorise the following person to represent me in actions related to submitting my application.

**REPRESENTATIVE'S DATA**

First name or names

Date of birth (dd.mm.yyyy)

Surname or names

Street

Postal code

Town/village

State

Phone

Email

By signing the application, I confirm that I authorize the named person to represent me in all actions related to the submission of my application.

Name and signature of the person contesting the decision or his/her legal representative

Date (dd.mm.yyyy)

**TO BE FILLED BY AN AUTHORIZED REPRESENTATIVE**

By signing the application, I confirm that I agree to represent the person contesting the decision in all actions related to the submission of his/her application.

Name and signature of the authorized representative

Date (dd.mm.yyyy)