

To the Ministry of Foreign Affairs of the Republic of Estonia

CLAIM FOR REFUND OF STATE FEE

TO BE FILLED IN BY THE APPLICANT

| | |
|----|---|
| 1. | Family name / Name of legal person |
| 2. | First name |
| 3. | ID-code / registration number |
| 4. | Name of operation <input type="checkbox"/> legalisation of a document <input type="checkbox"/> certifying a document with a certification (<i>apostille</i>) <input type="checkbox"/> application for Visa |
| 5. | Sum of State Fee |
| 6. | Name of the bank |
| 7. | Name of the owner of the account |
| 8. | Account number |

Date.....

Signature.....

TO BE FILLED IN BY AN OFFICIAL

| | |
|-----|--|
| 9. | Otsus <input type="checkbox"/> riigilõiv tagastada <input type="checkbox"/> keelduda |
| 10. | Tagastamise alus / Keeldumise põhjus Alus: RLS § lg p / |
| 11. | Ametniku nimi ja ametikoht |
| 12. | Kuupäev |
| 13. | Koht |
| 14. | Ametniku allkiri |