

# Embassy of Estonia in Washington, D.C

## APPLICATION FOR REIMBURSEMENT OF THE STATE FEE

TO BE FILLED IN BY THE APPLICANT	
1.	Name of applicant / Company name
2.	Identification number or date of birth / Registration number _____
3.	Contact information
<b>I'm asking to be reimbursed for the state fee paid incorrectly or in a larger amount than required.</b>	
INFORMATION ABOUT THE STATE FEE PAID	
4.	Paid amount and date of transaction
5.	Name of bank
6.	Account number
7.	Name of account owner (if not the applicant)
8.	Consular activity that the state fee was paid for ( <i>name it</i> )
9.	Reasons for returning the state fee: <input type="checkbox"/> The state fee has been paid more than required (RLS § 15 lg 1 (1)) <input type="checkbox"/> The applicant withdraws their application (RLS § 15 lg 1 (4)) <input type="checkbox"/> The application is rejected before the procedure is initiated (RLS § 15 lg 1 (5)) <input type="checkbox"/> Other _____
10.	I would like to have it reimbursed by transfer to the bank account:
11.	Date..... Signature.....

TO BE FILLED IN BY THE OFFICIAL

12. Taotluse/ otsuse registreerimine (WD/ viisaregister/ Consul)

**RIIGILÕIVU TAGASTAMISE OTSUS:**

riigilõiv tagastada vastavalt taotlusele, summas .....

Alus: RLS § ..... lg ...../ .....

keelduda riigilõivu tagastamisest, alus: RLS § .....lg ...../

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13. Konsulaartoimingu andmed

14. Ametniku nimi ja ametikoht

15. Kuupäev.....

Allkiri.....