

APPLICATION FOR REIMBURSEMENT OF THE STATE FEE

TO BE FILLED IN BY THE APPLICANT

1. Personal information

Name of applicant/Company name	Date of birth/Registration number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>														
Address															
Phone number	E-mail														

2. Transaction/payment information

Name of bank	Account number (where the payment was made from)
Paid amount (EUR)	Date of transaction

3. Transaction/deposit information

Name of bank	Account number	Reference number	
Swedbank	EE932200221023778606		
SEB	EE891010220034796011	2900073630	2900073643
Luminor	EE701700017001577198		
LHV	EE77700771003813400		

4. Reasons for returning the state fee

The state fee was paid more than required (RLS § 15 lg 1 p 1)
The state fee was paid to the incorrect body charging the state fee (RLS § 15 lg 1 p 2)
The state fee was paid by a person exempt from payment of the state fee (RLS § 15 lg 1 p 3)
The person withdraws the application (RLS § 15 lg 1 p 4)
The application is rejected before the procedure is initiated (RLS § 15 lg 1 p 5)
Other _____ (RLS § 15 lg 1 p 9)

5. Reimbursement information

Account holder's name	Date of Birth/Registration number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>														
Name of bank	Account number	Amount to be returned (EUR)													

6. Service the state fee was paid for

legalisation	ordering documents
forwarding documents	application for visa
other _____	

7. Signature of the applicant and date

Signature	Date
------------------	-------------

TO BE FILLED IN BY THE OFFICIAL OF THE CONSULAR DEPARTMENT

8. Andmete kontroll

Ametniku nimi	Riigilõivu summa (EUR)	Tagastamise alus RLS § ___ lg ___ punkt ___
Otsus Riigilõiv tagastada Keelduda	Kuupäev	Allkiri