



**DOCUMENTS PROVING THE REASON FOR CONTESTING THE DECISION** (please provide documents related to the reason for contesting the decision. Documents and evidence that have arisen after the announcement of the decision cannot be submitted)

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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)