**APPLICATION FOR REFUND OF STATE FEES**

*Please fill in the gray boxes*

**PERFORMER DETAILS**

|  |  |
| --- | --- |
|  |  |

**First name Surname**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Estonian personal identification code or date of birth**

|  |  |
| --- | --- |
|  |  |

**Business name register code**

**PERFORMER CONTACT DETAILS**

|  |  |
| --- | --- |
|  |  |

**Telephone E-mail**

**CONTENT OF THE STATEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please refund the state fee.**  **INFORMATION ON PAYMENT OF STATE FEES \***   |  |  | | --- | --- | |  |  |   **date of payment Account number from which the payment was made**   |  |  | | --- | --- | |  |  |   **Amount Account number where the payment was made**  **REFERENCE NUMBER**  **10601008006990 10602008005990 10603008005999 Muu**   |  | | --- | |  |   **The name of the act indicated in the payment order for which the refund of the state fee is requested**  **BASIS FOR REFUND OF STATE FEES \***  **more paid if the state fee has been paid more than prescribed**  **the state fee has been paid to the wrong recipient of the state fee or for an act which was not requested to be performed**  **the state fee has been paid by a person who is exempt from paying the state fee**  **the person withdrew the request for action before the request was reviewed**  **the request to perform the operation was rejected**  **other bases provided for in the State Fees Act**  **PLACE FOR REFUND OF STATE FEES \***   |  |  | | --- | --- | |  |  |   **account Number amount**   |  | | --- | |  |   **First and last name / Name of the company or institution**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   **Identity number or registry code**  *\* fill in the boxes or tick the correct box* |

**SIGNATURE DATE**

|  |  |
| --- | --- |
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