**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**

|  |
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|  |

**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**

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