



Revenue Agency

AA4/3

APPLICATION FOR A TAX CODE, NOTIFICATION OF CHANGE OF DETAILS AND REQUEST FOR TAX CODE CARD/DUPLICATE OF NATIONAL HEALTH SYSTEM CARD (NATURAL PERSONS)

PART A
Section I
Applicant type

DIRECT APPLICATION FOR YOURSELF APPLICATION FOR A THIRD PARTY **APPLICANT TYPE CODE** (only for the allocation of a tax code)

Section II
Application type

ALLOCATION OF A TAX CODE REQUEST FOR A TAX CODE CARD

2 CHANGE OF DETAILS TAX CODE

3 NOTIFICATION OF DEATH TAX CODE DATE OF DEATH

4 REQUEST FOR TAX CODE CERTIFICATE TAX CODE

5 REQUEST FOR DUPLICATE OF TAX CODE CARD/NATIONAL HEALTH SYSTEM CARD TAX CODE REASON

PART B
Personal details

SURNAME: **MAEKINEN** NAME: **ANNE** SEX: **F**

MUNICIPALITY OF BIRTH (or Foreign State): **ESTONIA** PROVINCE: **EE** DATE OF BIRTH: **11051965**

PART C
Registered residence/
Tax domicile

MUNICIPALITY:

TYPE (street, square, etc.): ADDRESS:

HOUSE NUMBER: AREA/OTHER:

PART D
Residence overseas

FOREIGN STATE: **ESTONIA** FEDERAL STATE, PROVINCE, COUNTY: **PÖLTSAMAA**

TOWN OF RESIDENCE: **ADAVERE** POSTCODE: **48001**

ADDRESS: **KUUSE 8-13**

PART E
Other possible tax codes allocated

TAX CODE

TAX CODE

DOCUMENTS ENCLOSED

PASSPORT MAIN PAGE COPY

SIGNATURES

APPLICANT TAX CODE FOR NON-NATURAL PERSONS: TAX CODE OF SIGNEE:

DATE: **15122019** SIGNATURE: *Sign Ash Your Passport*

DELEGATE