

**APPLICATION FOR A PERMIT TO TRAVEL WITH MEDICINAL PRODUCTS/  
FOR A SCHENGEN CERTIFICATE**

1. APPLICANT			
First/middle/last name			
Number of passport or other identification document *			
Place of birth (city and country)*		Citizenship *	
Personal identification code		Phone, e-mail	
Address of permanent residence in Estonia			
<b>I wish to receive the permit/certificate</b> (please tick the appropriate box):			
By regular mail on the address noted on this application	<input type="checkbox"/>	In the State Agency of Medicines in Tartu, Nooruse street 1	<input type="checkbox"/>
By regular mail on the following address:			
By e-mail on the following address: (only applicable, if you do not visit any Schengen area countries during the travel)			
<b>If required, the personal data of representative of the applicant</b> (please attach the copy of the document proving the right to represent or the letter of authorization to this application):			
First/middle/last name		Personal identification code	
E-mail		Phone	
2. MEDICINAL PRODUCT YOU WILL TAKE WITH YOU			
Trade name of the drug <i>e.g. PANADOL EXTRA 500mg + 65mg</i>		Total quantity of the medicine (how many packages, tablets, capsules or blisters etc.) <i>e.g. 6 packages, each containing 30 tablets</i>	
1.		1.	
2.		2.	
3.		3.	
....		....	

**3. THE TRAVEL FOR WHICH THE PERMIT/CERTIFICATE IS NEEDED**

Beginning date of the travel		Duration of the travel in days	
Countries visited during the travel		Country of destination	

**4. SIGNATURE**

I hereby confirm that I am aware that if the medicine(s) stated on this application have been prescribed to me by an Estonian physician the State Agency of Medicines will check the prescription and purchase data from *Retseptikeskus*.

First/middle/last name and signature of the applicant

