Registration	card

Žádost o určení použitelných právních předpisů pro zaměstnance, který je současně OSVČ / Request for determination of legislation applicable for an employed person, who is simultaneously self-employed



This application serves for the purpose of determining the applicable social security legislation pursuant to Regulation (EC) No. 883/2004 and its Implementing Regulation No. 987/2009, Regulation (EEC) No. 1408/71 and its Implementing Regulation No. 574/72 and international agreements on social security concluded by the Czech Republic.

Organizational units of RSSA (DSSA/PSSA/Brno MSSA)	Seal of DSSA/PSSA/Br	no MSSA	Application registr	ation number
			Case number	
Request is submitted by an employer Request is submitted by an employer	equest is submitted by an mployee atus of the application	Request	t is submitted by an a	gent
I am requesting the determination of legislation	applicable due to the perforr	mance of a gainful act	civity during the period	
from	to			
on the territory of EU/EEA/CH/		with which the Czech on social security	n Republic has concluded	d an international
On the basis of the information below, I reques	st an assessment of my situ	•	e relevant article of the	e applicable coordination
regulations or the international agreement on so posting	cial security as simultaneous	s activities	exception	other situation
A. Basic identification of a claimant				
Family name	Forename	[Degree	Czech birth number
Family name at birth	Pre	evious family name		
Forename at birth	Ger	nder N	Nationality	Birth date
]		
Place of birth	Region of birth		State of birth	
ADDRESS OF RESIDENCE - MAY NOT BE TH	IE SAME AS PERMANENT	ADDRESS OF STAY	(see information in the ins	structions for filling in)
Name of the building Street		Building evidence	number Municipality	
Region Postal C	Code State			
Phone number Data box	Email			
Health insurance fund in the Czech Republic				
B. Contact address (if different from	residence address))		
Name of the building Street	•		number Municipality	
Region Postal (Code State			
C. Address of stay				
Name of the building Street		Building evidence	number Municipality	
L				
Region Postal (Code State			
]			

Autoral Autoral Deligion			•	-		period indicated in the
Australia Australia Seguin Seguin Seguin Seguin Seguin Sugaria	l	<u> </u>		—	- ⊟ Rocnia	and —
Finland	Albania	Australia	Belgium	Belarus		I I BUIDARIA
Israel Japan Canada Korea Cyprus Uchtenstein Ithuania Latvia Luxembuurg Malta Hungary Moldova Mongolia Netherlands Norway Germany Poland Portugal Québoc Austria Romania Russia Grecce North Macadonia Slovakia Slovenia United Sotates of Serbia Syria Spain Sweden Switzerland Tunisia Turkey Ukraine Grest Britain and Northern Treland Normation about the employer in the Czech Republic - employer No. The application is submitted by this employer or this employer's agent Employer's name Identification number Tax number Variable symbol Employer does not have a variable symbol Name of the building Street Suiding evidence number Phone number Data box Employer's contact person Phone number Data box Employer is economically active in the CR Yes No Total number of employeres of the employer Of these, number currently working abroad Indefinite period Type of employment relationship agreement to perform work agreement to complete a job Indied company authoriscd member of the collective body of a legal entity While working abroad Trest Presidence Presid	Chile	Croatia	Monteneg	gro Czech	Republic Denma	erk Estonia
Lithuania	Finland	France	India	Ireland	Iceland	d Italy
Mongolia	Israel	Japan	Canada	Korea	Cyprus	Lichtenstein
Quebec Austria Romania Russia Greece North Macedonia Slovakia Slovakia Slovakia Slovakia Slovakia Slovakia Slovakia Slovakia Showeden Switzerland Tunisia Turkey Ukraine Great Britain and Romerica Sweden Switzerland Tunisia Turkey Ukraine Romathia Northern Ireland	Lithuania	Latvia	Luxembo	urg Malta	Hunga	ry Moldova
Slovakia Slovenia United States of Sorbia Syria Spain Great Britain and Northern Ireland Turkey Ukraine Northern Ireland N	Mongolia	Netherlands	Norway	Germa	ny Poland	Portugal
Slovakia Slovenia United States of Sorbia Syria Spain Great Britain and Northern Ireland Turkey Ukraine Northern Ireland N	Québec	Austria	Romania	Russia	Greece	North Macedonia
Sweden	Slovakia	Slovenia		ates of Serbia	☐ Svria	☐ Spain
E. Information about the employer in the Czech Republic — employer No	 	☐ Switzerland		☐ Turkev	H	
The claimant has an employer in the CzecR Republic]			□ Northern Ireland
The claimant has an employer in the Czech Republic			J			
Variable symbol Employer does not have a variable symbol Name of the building	The claimant has ar	n employer in the Czech	Republic	Yes		
Employer does not have a variable symbol Name of the building Street Building evidence number Municipality Region Postal Code Family name and forename of the employer's contact person Phone number Data box Email Employer is a labour agency Employer is economically active in the CR Total number of employees of the employer Employment period Type of employment relationship employment relationship member of the collective body of a legal entity While working abroad the employment relationship in the Czech Republic will be terminated a) for sickness insurance Yes No Insured from Insured from Type of pension insurance Yes No Insured from Ins	Identification numb	er	Tax number			
Employer does not have a variable symbol Name of the building Street Building evidence number Municipality Region Postal Code Family name and forename of the employer's contact person Phone number Data box Email Employer is a labour agency Employer is economically active in the CR Total number of employees of the employer Employment period Type of employment employment relationship member of the collective body of a legal entity While working abroad the employment relationship in the Czech Republic vill be terminated a) for sickness insurance Yes No Insured from Insured fr	Variable symbol					
Municipality Region Postal Code Family name and forename of the employer's contact person Phone number Data box Email Employer is a labour agency Employer is economically active in the CR Total number of employees of the employer Employment period Type of employment relationship employment relationship limited company authorised executive/partner other (specify) While working abroad the employment relationship in the Czech Republic continues For this employment in the Czech Republic, the applicant is insured a) for sickness insurance yes No Insured from Insured f	Variable Symbol		Employe	does not have a varia	able symbol	
Municipality Region Postal Code Family name and forename of the employer's contact person Phone number Data box Email Employer is a labour agency Employer is economically active in the CR Total number of employees of the employer Employment period Type of employment relationship employment relationship limited company authorised executive/partner other (specify) While working abroad the employment relationship in the Czech Republic continues For this employment in the Czech Republic, the applicant is insured a) for sickness insurance yes No Insured from Insure	Name of the buildin	g	—		•	Building evidence number
Family name and forename of the employer's contact person Phone number						
Phone number	Municipality			Region		Postal Code
Phone number						
Employer is a labour agency	Family name and fo	rename of the employer	's contact person			
Employer is a labour agency	Phone number	Data hov	Ema	sil		
Employer is economically active in the CR Total number of employees of the employer Employment period from to Indefinite period Type of employment employment relationship agreement to perform work agreement to complete a job indefinite period limited company authorised executive/partner and the employment relationship in the Czech republic will be terminated while working abroad the employment relationship in the Czech republic continues Type of employment relationship agreement to perform work agreement to complete a job member of the collective body of a legal entity other (specify) While working abroad republic will be terminated republic continues Type of employment relationship agreement to complete a job remark relationship in the Czech republic executive/partner relationship in the Czech republic continues Type of employment to complete a job remark relationship in the Czech republic executive/partner relationship in the Czech republic relationship in the Czech republic continues Type of employment relationship agreement to complete a job remark relationship in the Czech republic executive/partner relationship in the Czech republic relationship in the Czech republic continues Type of employment relationship agreement to complete a job remark relationship in the Czech republic relations	Friorie riuribei	Data box		111		
Employer is economically active in the CR Total number of employees of the employer Employment period from to Indefinite period Type of employment employment relationship agreement to perform work agreement to complete a job indefinite period limited company authorised executive/partner and the employment relationship in the Czech republic will be terminated while working abroad the employment relationship in the Czech republic continues Type of employment relationship agreement to perform work agreement to complete a job member of the collective body of a legal entity other (specify) While working abroad republic will be terminated republic continues Type of employment relationship agreement to complete a job remark relationship in the Czech republic executive/partner relationship in the Czech republic continues Type of employment to complete a job remark relationship in the Czech republic executive/partner relationship in the Czech republic relationship in the Czech republic continues Type of employment relationship agreement to complete a job remark relationship in the Czech republic executive/partner relationship in the Czech republic relationship in the Czech republic continues Type of employment relationship agreement to complete a job remark relationship in the Czech republic relations	Employer is a labou	r agency	Пуеѕ	П No		
Total number of employees of the employer Employment period from to Indefinite period Type of employment employment employment relationship agreement to perform work agreement to complete a job immediate company authorised executive/partner member of the collective body of a legal entity While working abroad the employment relationship in the Czech Republic continues For this employment in the Czech Republic, the applicant is insured a) for sickness insurance Yes No Insured from b) for pension insurance Yes No Insured from c) for health insurance Yes No Insured from Insured from Indefinite period	. ,	,	H			
Employment period from to Indefinite period Type of employment employment employment relationship agreement to perform work agreement to complete a job limited company authorised executive/partner member of the collective body of a legal entity other (specify)	• ,	•			oco numbor currently wa	arking abroad
employment relationship agreement to perform work agreement to complete a job limited company authorised member of the collective body of a legal entity other (specify) while working abroad the employment relationship in the Czech the employment relationship in the Czech the employment relationship in the Czech unpaid leave is being negotiated in Republic will be terminated Republic continues No Insured from Insured from Other continues Yes No Insured from		. , ,		Joi the		
employment relationship agreement to perform work agreement to complete a job limited company authorised member of the collective body of a legal entity other (specify) while working abroad the employment relationship in the Czech the employment relationship in the Czech the employment relationship in the Czech unpaid leave is being negotiated in Republic will be terminated Republic continues No Insured from Insured from Other continues Yes No Insured from	Type of employmer	t				
while working abroad the employment relationship in the Czech Republic will be terminated a) for sickness insurance b) for pension insurance c) for health insurance The executive/partner The member of the collective body of a legal entity The thickness in the cycle body of a legal entity The employment relationship in the Czech Republic The employment relationship in the Czech The employment relation	<u> </u>		agreement to	o perform work	agreement to complete	a job
While working abroad The employment relationship in the Czech Republic continues The employment relationship in the Czech Republic continues The employment relationship in the Czech Republic continues The employment relationship in the Czech Republic in the Czech Republic The employment relationship in the Czech Republic in the Czech Republic The employment relationship in the Czech Insured in the Czech Republic The employment relationship in the Czech Insured in the Czech Republic The Czech Republic The employment relationship in the Czech Insured in the Czech Republic			member of t	he collective body of a	a legal entity	
the employment relationship in the Czech Republic will be terminated The employment relationship in the Czech Republic continues For this employment in the Czech Republic, the applicant is insured a) for sickness insurance b) for pension insurance The employment relationship in the Czech Republic The Czech	othe	r (specify)				
Republic will be terminated Republic continues For this employment in the Czech Republic, the applicant is insured a) for sickness insurance B) for pension insurance C) for health insurance Yes No Insured from Insured	While working abro	ad				
a) for sickness insurance b) for pension insurance c) for health insurance Yes No Insured from					cionship in the Czech	
b) for pension insurance Yes No Insured from Solution Yes	For this employmen	t in the Czech Republic,	the applicant is in:	sured		
c) for health insurance Yes No Insured from	a) for sickness	sinsurance	Yes	No	Insured from	
	b) for pension	insurance	Yes	No	Insured from	
	c) for health i	nsurance	Yes	No	Insured from	
THE ENDINGER IS COVERED BY TENERALIDE OF THE DOCUDE CESTS AND MARTH DETAILS THE DACTING TO A VACOUR TO	The employee is see	vered by legislation of th	e nostina state on	e month before the re	nstina	☐ Yes ☐ No

Information about an activity of the employee in the Czech Republic - activity No.	
The claimant pursues an activity as an employee in the Czech Republic Yes No	
PLACE OF WORK IN THE CZECH REPUBLIC	
Same as in the previous section	
Full name of the undertaking	_
Name of the building Street	Building evidence number
Municipality Region	Postal Code
Training in the second	1 ostal osac
Period of activity pursued in the Czech Republic from to	Indefinite period
The claimant has a status	
employee	
civil servant	
international transport worker	
contract staff of the EC	
Vessel name Flag state	
	home base airport
flight or cabin crew member	
G. Information about the employer abroad - employer No.	
The claimant has an employer abroad Yes No The application is submitted by this employer or this employer's agent Employer's name	
Identification number Tax number	
Variable symbol	
Employer does not have a variable symbol	
Name of the building Street	Building evidence number
Municipality Region Postal Code State	
Family name and forename of the employer's contact person	
Phone number Data box Email	
—	
The employer is a subsidiary or branch of the employer in the Czech Republic listed in section E. Yes	No
The employer is a subsidiary or branch of the employer in the Czech Republic listed in section E. Yes Employment period from to	No Indefinite period
	. —
Employment period from to	. —
Employment period from to Type of employment	. —

H. Information about an activ	ity pursued by the en	nployee abroad - activity N	o
The claimant pursues an activity as an e	employee abroad Ye	es No	
Period of activity pursued abroad	from	to	Indefinite period
The claimant has a status when pursuin employee civil servant international transport work			
contract staff of the EC	Vessel name	Flag state	
sailor			
flight or cabin crew member	Name of home base airport	Town of home base airport	State of home base airport
The claimant pursues an activity abroad	for the Czech employer	Yes No	
The claimant does not have a perma Same as in the previous section Full name of the company/in the case of	anent place of work in the stat		
Name of the building	Street		Building evidence number
Name of the ballang	Street		Building evidence number
Municipality	Region	Postal Code Stat	te
The claimant enters into an employmen The claimant replaces another posted w		ritity Yes No	
Activity of the claimant abroad is within by the employer in the Czech Repub		—	th of them
. Share of the activities of the	e employee		
WORKING TIME of the claimant during	the period stated in the reques	st is divided as follows	
%			in the Czech Republic
%		in (fill in the state)	
%		in (fill in the state)	
%		in (fill in the state)	
100% TC	TAL		
During the period stated in the request,	the claimant is REMUNERATE	D for his/her activities in the Czech Re	epublic and abroad as follows
%			from the Czech Republic
%		from (fill in the state)	
%		from (fill in the state)	
%		from (fill in the state)	
100% TC	TAL		
The claimant pursues marginal activity/i	es in the territory of the Memb	per States Yes	No
Enter Member State/States			

J. Information about self-employn	nent in the Czech Rep	public	
The claimant has place of business as a self-er	mployed in the CR Yes	□ No	
Date of commencement of self-employed activ	ity Per	nsion insurance variable symbol	
Date of establishment of authorization to	Identification number	Tay number	
perform this activity	Identification number	Tax number	
Field of self-employment (according to the aut	I Lorization to perform the activ	l	
Specific nature of the activity performed			
ADDRESS OF A REGISTERED OFFICE OF The Full name of the company/in the case of a national state of the company of the case of a national state of the company of the case of a national state of the company of the case of the company of the case of			
Tail haire of the company/in the case of a flac	arai person, forename ana fan	my name	
Same as residential address			
Name of the building	Street		Building evidence number
Municipality	Region		Postal Code
Data box of self-employed person			
The above-mentioned registered office of a se	f-employed person in the Czec	ch Republic is the claimant's regular	п п
and permanent place of business			Yes No
The claimant is insured for this activity in the (· 🗖		
a) for sickness insurance Ye	s No	Insured from	
b) for pension insurance Ye	s No	Insured from	
c) for health insurance	s No	Insured from	
Activity of the claimant in the Czech Republic of	luring his/her work abroad		
will be terminated pursued will continue to be s	imultaneously or alternately	will not be pursued but will of Czech Republic	continue after return to the
Self-employed person pursues a self-employed a	ctivity in the territory of the pos	ting state two months before posting	Yes No

K. Information about a self-em	ployed activity in the	Czech Repub	olic	
The claimant pursues self-employed activit	y in the Czech Republic	Yes	No	
PLACE OF SELF-EMPLOYED ACTIVITY	IN THE CZECH REPUBLIC	:		
Same as in the previous section				
Full name of the company/in the case of a	natural person, forename ar	nd family name		
Name of the building	Street			Building evidence number
Municipality	Region			Postal Code
		1.		
Period of activity pursued in the Czech Rep	oublic from	to	· [Indefinite period
The claimant has status self-employed person				
	essel name		Flag state	
sailor				
	lame of home base airport	Town of home	e base airport	State of home base airport
flight or cabin crew member				
The claimant pursues a self-employed activation abroad during the period The claimant has a status when pursuing a self-employed person	TOIT	to	Flag state	Indefinite period
sailor				
	lame of home base airport	Town of home	e base airport	State of home base airport
flight or cabin crew member				
Field of self-employment (according to the	authorization to perform the	e activity)		
Specific nature of the activity performed				
PLACE OF SELF-EMPLOYED ACTIVITY The claimant does not have a permane Full name of the company/in the case of a	ent place of work in the state			
Name of the building	Street			Building evidence number
Municipality	Pagion	Doo	tal Codo Ctata	
Municipality	Region	Pos	stal Code State	:
The claimant enters into an employment re	elationship with a foreign ent	itv		Yes No

	pursued by the self-ent during the period stated in	the request is divided as follows	
	%	from activity	in the Czech Republic
	%	from activity in (fill in a state)	
	%	from activity in (fill in a state)	
		from activity in (fill in a state)	
100%	TOTAL	, , , , ,	
ne expected INCOME from	the claimant's activity in the	Czech Republic and abroad during the period state	ed in the request is divided as follow
	%	from activity	in the Czech Republic
	%	from activity in (fill in a state)	
	%	from activity in (fill in a state)	
	%	from activity in (fill in a state)	
100%	TOTAL		
ORKING TIME of the claim	ant during the period stated i	n the request is divided as follows	
	%		in the Czech Republic
	%	in (fill in the state)	
	%	in (fill in the state)	
	%	in (fill in the state)	
100%	TOTAL		
ERVICES RENDERED by the	claimant during the period s	tated in the request are divided as follows	
	%		in the Czech Republic
	%	in (fill in the state)	
	%	in (fill in the state)	
	%	in (fill in the state)	
100%	TOTAL		
ne claimant pursues margin	al self-employed activity/ies	n the territory of the Member States	Yes No
nter Member State/States			
Information about	previous activities al	broad	
he claimant has pursued an	activity abroad in the past	Yes No	
LACE OF PREVIOUS ACT			
all name of the company/in	the case of a natural person	, forename and family name/ship name	
ame of the building		Street	Building evidence num
lunicipality	Region	Postal Code State	9
n period		from	to
tatus employee	self-employed person	civil servant sailor flight or cab	

O. Information about perio	ods of insurance abroad		
The claimant was/is covered by soo	ial security insurance scheme of other	r state Yes No	
insured during the period	from	t	0.0
The claimant received/receives ben	efits (both in cash and in kind) from a	foreign social security system	Yes No
He/she received/receives benefits of	luring the period from	t	0.0
Foreign insurance number Name	of foreign institution	State	
Sector all pensions	sickness family benefits	unemployment benefits reco	very work accident and occupational disease
Name of the building	Street		Building evidence number
Municipality	Region		Postal Code
The claimant has been issued a cer period of this application	tificate on legislation applicable by a f	oreign institution in relation to the	Yes No
For the period	from	t	70
	or exception s for granting an exception under Artivisions of international social security		

Q. Classification of economic activities (CZ-NACE)	
The field of activity pursued by the employer according to the CZ-NACE	classification
A - Agriculture, forestry and fishing	B - Mining and quarrying
C - Manufacturing	D - Electricity, gas, steam and air conditioning supply
$\hfill \Box$ E - Water supply; sewerage, waste management and remediation activities	F - Construction
G - Wholesale and retail trade; repair of motor vehicles and motorcycles	H - Transportation and storage
H - Freight transport by road	I - Accommodation and food service activities
J - Information and communication	J - Computer programming, consultancy and related activities
J - Data processing, hosting and related activities; web portals	K - Financial and insurance activities
L - Real estate activities	M - Professional, scientific and technical activities
N - Administrative and support service activities	N - Temporary employment agency activities
O - Public administration and defence; compulsory social security	P - Education
Q - Human health and social work activities	R - Arts, entertainment and recreation
S - Other service activities	T - Activities of households as employers; undifferentiated goods and services producing activities of households for own use
U - Activities of extraterritorial organisations and bodies	
R. Declaration of a third-country national	
I declare that I have a valid residence permit Yes for the period for the Czech Republic	from to
No	
I take note that when performing activities in a state/states of perform	ing activities, I must fulfil the condition of legal residence.
S. Additional information	

dentification number Data box The agent does not have a DB Phone number Email Name of the building Street Building evidence number The agent is Legal person Name dentification number State which issued the ID State box The agent does not have a DB Name of the building Street Building evidence number State which issued the ID Detaration The agent does not have a DB Name of the building Street Building evidence number State which issued the ID Declaration The agent does not have a DB Name of the building Street Building evidence number State Municipality Region Postal Code State Declaration The agent does not have a DB Name of the building Street Building evidence number State which issued the ID State State Municipality Region Postal Code State Declaration The agent does not have a DB Name of the building Street Building evidence number Municipality Region Postal Code State Declaration The agent does not have a DB Name of the building Street Building evidence number Municipality Region Postal Code State Municipality Region Postal Code State Declaration The agent does not have a DB Name of the building Street Building evidence number Building eviden	The agent is	ural person	Forename			Czech birth number
Phone number	railily flaffie		Forename			Czecii birtii number
Phone number	Identification number	Data box				<u> </u>
Name of the building Street			The agent does	not have a DB		
Aunicipality Region Postal Code State The agent is Legal person Name Confirmation by the competent employer 's representative / agent of the employer Confirmation by the competent employer 's representative / agent of the employer	Phone number	Email				
Aunicipality Region Postal Code State The agent is Legal person Name Confirmation by the competent employer 's representative / agent of the employer Confirmation by the competent employer 's representative / agent of the employer						
The agent is Legal person Legal	Name of the building		Street			Building evidence number
The agent is Legal person Legal						
dentification number State which issued the ID	Municipality	Region		Postal Code	State	
dentification number State which issued the ID						
Declaration The agent does not have a DB Name of the building Street Building evidence number Municipality Region Postal Code State Poeclaration I hereby declare that the information provided in this application and all attached documents is complete and true and that in the event of hange to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplet information any lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Confirmation by the competent employer's representative / agent of the employer	The agent is Leg	al person				
Declaration The agent does not have a DB Name of the building Street Building evidence number Municipality Region Postal Code State Poeclaration I hereby declare that the information provided in this application and all attached documents is complete and true and that in the event of hange to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplet information any lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Confirmation by the competent employer's representative / agent of the employer	dentification number	State which issued the I	ID			
The agent does not have a DB Name of the building Street Municipality Region Postal Code State Declaration In hereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplen formation may lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Signature of the claimant/agent Confirmation by the competent employer 's representative / agent of the employer						
Aunicipality Region Postal Code State Declaration Inhereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomple information any lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Signature of the claimant/agent Confirmation by the competent employer's representative / agent of the employer	Data box					
Municipality Region Postal Code State Declaration Inhereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplet formation may lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Confirmation by the competent employer's representative / agent of the employer		The agent does not	have a DB			
Declaration Thereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplen formation may lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the retrificate on applicable legislation) with retroactive effect. In place Date Signature of the claimant/agent Confirmation by the competent employer 's representative / agent of the employer	Name of the building		Street			Building evidence number
Declaration Thereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplen formation may lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the retrificate on applicable legislation) with retroactive effect. In place Date Signature of the claimant/agent Confirmation by the competent employer 's representative / agent of the employer						
hereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomple nformation may lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Signature of the claimant/agent Confirmation by the competent employer's representative / agent of the employer	Municipality	Region		Postal Code	State	
hereby declare that the information provided in this application and all attached documents is complete and true and that in the event of change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomple nformation may lead to a change in the applicable social security legislation with all the consequences (including the cancellation of the certificate on applicable legislation) with retroactive effect. In place Date Signature of the claimant/agent Confirmation by the competent employer's representative / agent of the employer						
Signature of the claimant/agent Confirmation by the competent employer's representative / agent of the employer	hereby declare that the i hange to the above inform nformation may lead to a	mation, I will notify the rel a change in the applicable	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware	that the provis	ion of false or incomplet
Signature of the claimant/agent Confirmation by the competent employer's representative / agent of the employer	change to the above informinformation may lead to a	mation, I will notify the rel a change in the applicable	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware	that the provis	ion of false or incomplete
agent of the employer	I hereby declare that the i change to the above inforr nformation may lead to a certificate on applicable legi	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware	that the provis	ion of false or incomplet
agent of the employer	I hereby declare that the inchange to the above information may lead to a certificate on applicable legitary.	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequ	that the provision that the prov	ion of false or incomplet g the cancellation of th
agent of the employer	I hereby declare that the inchange to the above information may lead to a certificate on applicable legitary.	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequ	that the provision that the prov	ion of false or incomplet g the cancellation of th
agent of the employer	I hereby declare that the i change to the above inforr information may lead to a certificate on applicable legi	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequ	that the provision that the prov	ion of false or incomplet g the cancellation of th
SSA/PSSA/Brno MSSA in verified at (date)	I hereby declare that the i change to the above inforr information may lead to a	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequ	that the provision that the prov	ion of false or incomplet g the cancellation of th
SSA/PSSA/Brno MSSA in verified at (date)	I hereby declare that the i change to the above inforr nformation may lead to a certificate on applicable legi	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequence of second	that the provision that the prov	ion of false or incompleg the cancellation of
SSA/PSSA/Brno MSSA in verified at (date)	hereby declare that the inchange to the above information may lead to a certificate on applicable legi	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequence of second	that the provision that the prov	ion of false or incomplet g the cancellation of the cancel
rong roong primo ricort in reminde at (date)	hereby declare that the inchange to the above information may lead to a certificate on applicable legi	nation, I will notify the rel a change in the applicable islation) with retroactive eff	evant DSSA/PSSA/Brno Me social security legislation	SSA/CSSA. I am aware in with all the consequence of second	that the provision that the prov	ion of false or incomplet g the cancellation of the cancel

Attachments:

- 1. Employment contract(s), including changes and additions relevant to the submitted application (if DSSA/PSSA/MSSA Brno has not have them available already).
- 2. Trade license (if it is not verifiable in the available applications and registers or if DSSA/PSSA/MSSA Brno has not have it available already).
- 3. Certificate on applicable legislation, if issued to the applicant by a foreign institution, in relation to the period of this application.
- 4. Contractual documents on the basis of which the applicant pursues activity in the Czech Republic and abroad (depending on the specific situation).

This application serves to fulfil the notification obligation of the employer/self-employed person pursuant to Article 15 of Regulation (EC) No. 987/2009 and to fulfil the notification obligation of a person residing in the territory of the Czech Republic pursuing activities in the territory of two or more Member States pursuant to Article 16(1) of Regulation (EC) No. 987/2009 and Article 104(3) of Act No. 187/2006 Coll., as amended.

DSSA/PSSA/Brno MSSA/CSSA requests and processes personal data in accordance with legal regulations for the protection of personal data and only for legitimate purposes. More information can be found at https://www.cssz.cz/web/cz/gdpr-informace-o-zpracovani-osobnich-udaju.