

Registration card

Žádost o určení použitelných právních předpisů pro OSVČ / Request for determination of legislation applicable for a self-employed person



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/Brno MSSA

Application registration number

Case number

Request is submitted by a
self-employed person

Request is submitted by an agent

Email of the submitter for notifications about the status of the application

I am requesting the determination of legislation applicable due to the performance of a gainful activity during the period

from to

on the territory of EU/EEA/CH/UK of the state(s) with which the Czech Republic has concluded an international agreement(s) on social security

On the basis of the information below, I request an assessment of my situation according to the relevant article of the applicable coordination regulations or the international agreement on social security as

posting simultaneous activities exception other situation

A. Basic identification of a claimant

Family name Forename Degree Czech birth number

Family name at birth Previous family name

Forename at birth Gender Nationality Birth date

Place of birth Region of birth State of birth

ADDRESS OF RESIDENCE - MAY NOT BE THE SAME AS PERMANENT ADDRESS OF STAY (see information in the instructions for filling in)

Name of the building Street Building evidence number Municipality

Region Postal 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 Building evidence number Municipality

Region Postal Code State

C. Address of stay

Name of the building Street Building evidence number Municipality

Region Postal Code State

D. The claimant pursues gainful activity in the territory of these states for the period indicated in the application (the Czech Republic must be also indicated, if it corresponds to the facts)

- | | | | | | |
|------------------------------------|--------------------------------------|---|---|---|---|
| <input type="checkbox"/> Albania | <input type="checkbox"/> Australia | <input type="checkbox"/> Belgium | <input type="checkbox"/> Belarus | <input type="checkbox"/> Bosnia and Herzegovina | <input type="checkbox"/> Bulgaria |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Croatia | <input type="checkbox"/> Montenegro | <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Denmark | <input type="checkbox"/> Estonia |
| <input type="checkbox"/> Finland | <input type="checkbox"/> France | <input type="checkbox"/> India | <input type="checkbox"/> Ireland | <input type="checkbox"/> Iceland | <input type="checkbox"/> Italy |
| <input type="checkbox"/> Israel | <input type="checkbox"/> Japan | <input type="checkbox"/> Canada | <input type="checkbox"/> Korea | <input type="checkbox"/> Cyprus | <input type="checkbox"/> Lichtenstein |
| <input type="checkbox"/> Lithuania | <input type="checkbox"/> Latvia | <input type="checkbox"/> Luxembourg | <input type="checkbox"/> Malta | <input type="checkbox"/> Hungary | <input type="checkbox"/> Moldova |
| <input type="checkbox"/> Mongolia | <input type="checkbox"/> Netherlands | <input type="checkbox"/> Norway | <input type="checkbox"/> Germany | <input type="checkbox"/> Poland | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Québec | <input type="checkbox"/> Austria | <input type="checkbox"/> Romania | <input type="checkbox"/> Russia | <input type="checkbox"/> Greece | <input type="checkbox"/> North Macedonia |
| <input type="checkbox"/> Slovakia | <input type="checkbox"/> Slovenia | <input type="checkbox"/> United States of America | <input type="checkbox"/> Serbia | <input type="checkbox"/> Syria | <input type="checkbox"/> Spain |
| <input type="checkbox"/> Sweden | <input type="checkbox"/> Switzerland | <input type="checkbox"/> Tunisia | <input type="checkbox"/> Turkey | <input type="checkbox"/> Ukraine | <input type="checkbox"/> Great Britain and Northern Ireland |

E. Information about self-employment in the Czech Republic

The claimant has place of business as a self-employed in the CR Yes No

Date of commencement of self-employed activity

Pension insurance variable symbol

Date of establishment of authorization to perform this activity

Identification number

Tax number

Field of self-employment (according to the authorization to perform the activity)

Specific nature of the activity performed

ADDRESS OF A REGISTERED OFFICE OF THE SELF-EMPLOYED IN THE CZECH REPUBLIC

Full name of the company/in the case of a natural person, forename and family 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 self-employed person in the Czech Republic is the claimant's regular and permanent place of business Yes No

The claimant is insured for this activity in the Czech Republic

a) for sickness insurance

 Yes

 No

Insured from

b) for pension insurance

 Yes

 No

Insured from

c) for health insurance

 Yes

 No

Insured from

Activity of the claimant in the Czech Republic during his/her work abroad

will be terminated will continue to be simultaneously or alternately pursued

will not be pursued but will continue after return to the Czech Republic

Self-employed person pursues a self-employed activity in the territory of the posting state two months before posting Yes No

 Yes

 No

F. Information about activity in the Czech Republic

The claimant pursues self-employed activity in the Czech Republic Yes No

PLACE OF WORK IN THE CZECH REPUBLIC

Same as in the previous section

Full name of the company/in the case of a natural person, forename and family name

Name of the building Street Building evidence number

Municipality Region Postal Code

Period of activity pursued in the Czech Republic from to Indefinite period

The claimant has a status

self-employed person

sailor

flight or cabin crew member

Vessel name Flag state

Name of home base airport Town of home base airport State of home base airport

G. Information about self-employment abroad - activity No.

The claimant pursues self-employed activity abroad Yes No

The claimant pursues a self-employed activity abroad during the period from to Indefinite period

The claimant has a status when pursuing an activity abroad

self-employed person

sailor

flight or cabin crew member

Vessel name Flag state

Name of home base airport Town of home base airport State of home base airport

Field of self-employment (according to the authorization to perform the activity)

Specific nature of the activity performed

PLACE OF WORK ABROAD

The claimant does not have a permanent place of work in the state/s of his/her activity

Full name of the company/in the case of a natural person, forename and family name/ship name

Name of the building Street Building evidence number

Municipality Region Postal Code State

The claimant enters into an employment relationship with a foreign entity Yes No

H. Share of the activities

Total turnover of the claimant during the period stated in the request is divided as follows

| | | | |
|----------------------|-------|------------------------------------|-----------------------|
| <input type="text"/> | % | from activity | in the Czech Republic |
| <input type="text"/> | % | from activity in (fill in a state) | <input type="text"/> |
| <input type="text"/> | % | from activity in (fill in a state) | <input type="text"/> |
| <input type="text"/> | % | from activity in (fill in a state) | <input type="text"/> |
| 100% | TOTAL | | |

The expected INCOME from the claimant's activity in the Czech Republic and abroad during the period stated in the request is divided as follows

| | | | |
|----------------------|-------|------------------------------------|-----------------------|
| <input type="text"/> | % | from activity | in the Czech Republic |
| <input type="text"/> | % | from activity in (fill in a state) | <input type="text"/> |
| <input type="text"/> | % | from activity in (fill in a state) | <input type="text"/> |
| <input type="text"/> | % | from activity in (fill in a state) | <input type="text"/> |
| 100% | TOTAL | | |

WORKING TIME of the claimant during the period stated in the request is divided as follows

| | | | |
|----------------------|-------|------------------------|-----------------------|
| <input type="text"/> | % | | in the Czech Republic |
| <input type="text"/> | % | in (fill in the state) | <input type="text"/> |
| <input type="text"/> | % | in (fill in the state) | <input type="text"/> |
| <input type="text"/> | % | in (fill in the state) | <input type="text"/> |
| 100% | TOTAL | | |

SERVICES RENDERED by the claimant during the period stated in the request are divided as follows

| | | | |
|----------------------|-------|------------------------|-----------------------|
| <input type="text"/> | % | | in the Czech Republic |
| <input type="text"/> | % | in (fill in the state) | <input type="text"/> |
| <input type="text"/> | % | in (fill in the state) | <input type="text"/> |
| <input type="text"/> | % | in (fill in the state) | <input type="text"/> |
| 100% | TOTAL | | |

The claimant pursues marginal self-employed activity/ies in the territory of the Member States

Yes

No

Enter Member State/States

I. Information about previous activities abroad

The claimant has pursued an activity abroad in the past Yes No

PLACE OF PREVIOUS ACTIVITY ABROAD

Full name of the company/in the case of a natural person, forename and family name/ship name

Name of the building Street Building evidence number

Municipality Region Postal Code State

In period from to

Status employee self-employed person civil servant sailor flight or cabin crew member contract staff of the EC

J. Information about periods of insurance abroad

The claimant was/is covered by social security insurance scheme of other state Yes No

insured during the period from to

The claimant received/receives benefits (both in cash and in kind) from a foreign social security system Yes No

He/she received/receives benefits during the period from to

Foreign insurance number Name of foreign institution State

Sector all pensions sickness family benefits unemployment benefits recovery work accident and occupational disease

Name of the building Street Building evidence number

Municipality Region Postal Code

The claimant has been issued a certificate on legislation applicable by a foreign institution in relation to the period of this application Yes No

For the period from to

K. Grounds for a request for exception

The applicant will state the reasons for granting an exception under Article 16 of Regulation (EC) No 883/2004, Article 17 of Regulation (EEC) No 1408/71 or under the relevant provisions of international social security agreements concluded by the Czech Republic.

L. Classification of economic activities (CZ-NACE)

Field of activity pursued by a self-employed person according to the CZ-NACE classification

- | | |
|---|--|
| <input type="checkbox"/> A - Agriculture, forestry and fishing | <input type="checkbox"/> B - Mining and quarrying |
| <input type="checkbox"/> C - Manufacturing | <input type="checkbox"/> D - Electricity, gas, steam and air conditioning supply |
| <input type="checkbox"/> E - Water supply; sewerage, waste management and remediation activities | <input type="checkbox"/> F - Construction |
| <input type="checkbox"/> G - Wholesale and retail trade; repair of motor vehicles and motorcycles | <input type="checkbox"/> H - Transportation and storage |
| <input type="checkbox"/> H - Freight transport by road | <input type="checkbox"/> I - Accommodation and food service activities |
| <input type="checkbox"/> J - Information and communication | <input type="checkbox"/> J - Computer programming, consultancy and related activities |
| <input type="checkbox"/> J - Data processing, hosting and related activities; web portals | <input type="checkbox"/> K - Financial and insurance activities |
| <input type="checkbox"/> L - Real estate activities | <input type="checkbox"/> M - Professional, scientific and technical activities |
| <input type="checkbox"/> N - Administrative and support service activities | <input type="checkbox"/> N - Temporary employment agency activities |
| <input type="checkbox"/> O - Public administration and defence; compulsory social security | <input type="checkbox"/> P - Education |
| <input type="checkbox"/> Q - Human health and social work activities | <input type="checkbox"/> R - Arts, entertainment and recreation |
| <input type="checkbox"/> S - Other service activities | <input type="checkbox"/> T - Activities of households as employers; undifferentiated goods and services producing activities of households for own use |
| <input type="checkbox"/> U - Activities of extraterritorial organisations and bodies | |

M. Declaration of a third-country national

I declare that I have a valid residence permit Yes for the period from to
for the Czech Republic No

I take note that when performing activities in a state/states of performing activities, I must fulfil the condition of legal residence.

N. Additional information

O. Information about an agent

The agent is Natural person

Family name Forename Czech birth number

Identification number Data box The agent does not have a DB

Phone number Email

Name of the building Street Building evidence number

Municipality Region Postal Code State

The agent is Legal person

Name

Identification number State which issued the ID

Data box The agent does not have a DB

Name of the building Street Building evidence number

Municipality Region Postal Code State

P. Declaration

I hereby declare that the information provided in this application and all attached documents is complete and true and that in the event of a change to the above information, I will notify the relevant DSSA/PSSA/Brno MSSA/CSSA. I am aware that the provision of false or incomplete information 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

DSSA/PSSA/Brno MSSA in

verified at (date)

Name, Family name and Official 's signature for
DSSA/PSSA/Brno MSSA

Attachments:

- 1. 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).**
- 2. Certificate on applicable legislation, if issued to the applicant by a foreign institution, in relation to the period of this application.**
- 3. 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 a 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 performing 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>.