

Application

Amendment

Cancellation of registration

1a. Identification of the employer (legal entity, organisational unit of the legal entity or the natural person)

Business firm of the employer - insurance premium payer

Address of the registered office: Street

Descriptive No.

Number of the insurance premium payer
(including specification)

Postal Code

Municipality

Legal subjectivity:

yes

no

Country

Legal form

Legal subjectivity:

legal
entity

natural
person

1b. Identification of the employer that is already insurance premium payer mentioned under the section 1a - part of.

Business firm of the employer whereof the inferior organisational unit is a part of

Delivery address: Street

Descriptive No.

Postal Code

Municipality

1c. Identification of the employer - natural person

Surname

Name

Title

Address of the permanent residency: Street

Descriptive No.

Postal Code

Municipality

Number of the person insured

Gender:

male

female

Citizenship

2. Delivery address

Street

Descriptive No.

Postal Code

Municipality

3. Banking details of the employer

Bank account number

Bank code

IBAN

4. Contact details of the responsible representative

Surname

Name

Title

Position in respect of the employer

Telephone number

Email

5. Date of validity of the data, date of filing, signature of the responsible representative

I hereby declare that all the information and data included in this form are true. I shall be obliged to notify OZP of any, and all, changes related to such an information and data namely, within eight days following the date of a relevant amendment occurred. Contact details concerning the Data Protection Officer of the OZP are the following: Prague 4, Roškotova 1225/1, Postal Code 140 00, dpo@ozp.cz. I shall be aware of my right to access the personal data, to their rectification and also, my right to raise my objections to the processing. I shall be entitled to file a complaint with the regulator namely, with the Office for Protection of the Personal Data (Úřad pro ochranu osobních údajů).

Date of validity of the data stated above

Date of filling this form

Stamp and signature
of the responsible representative

Banking details of the OZP

Number of the bank account dedicated

for the insurance premium payments: **2070101041/0710**

International payment relations: **IBAN: CZ9707100000002070101041**

SWIFT kód: CNBACZPP

Variable symbol: **Identification number + specification** (variable symbol needs to be consisting of ten points)
Identification number shall be consisting of eight points. If shorter, it is supplemented by zeroes from the left side. The two points **specification** designating the internal organisational structure - it is following the identification number on the right side - if not specifically agreed, the internal organisational structure consists of two zeroes.

Constant symbol: **3558** (in the course of non-cash payment) or **3559** (in case of postal order)

Advice to the form designated as the Application and notification of amendments regarding the employer**1. General information**

This form shall be used in respect of the application of the employer to the register of employers kept by the OZP, regarding a notification of amendments of the information/data, concerning an announcement of the termination of activities and/or a dissolution of the organisation or, as the case may be, its entry to the liquidation.

2. Explanation of terms**Identification of the employer (legal entity, organisational unit of the legal entity or the natural person)**

The **denomination** of the organisation or, as the case may be, the denomination of the organisational unit (usually according to the seat of the payroll department), that shall fulfil obligations of the insurance premium payer shall be stated. The denomination needs to be stated according to the excerpt from the Commercial Register or as of another evidence.

Address of the employer shall mean the address of the registered office of the organisational unit that shall fulfil obligations of the insurance premium payer.

Number of the insurance premium payer shall be consisted of the eight points identification number of the organisation (Identification Number) and the two points number of the internal organisational unit (Specification) if assigned, for example based on the existence of more of the payroll departments.

The shape of the number of the insurance premium payer = Identification number xx, where:

xx = 00 if the Identification Number includes only one insurance premium payer.

xx = 01-98 if there are more of the premium insurance payers included within one Identification Number (payroll departments). In the course of numbering of each of the insurance premium payer, the employer shall secure that no duplication in specification takes place.

xx = 99 OZP shall assign on the first eight points the number of the insurance premium payer based on the grounded written application of the employer that has no Identification Number.

If the inferior organisational unit is applying to be included in the register that has no legal subjectivity, the insurance premium payer is obliged to fill in also the Section 1b. The employer - natural person has always the legal subjectivity.

The employer shall always declare **the legal form** of the employer - for example the limited liability company, joint-stock company. It is possible to use the well-known abbreviations - for example s. r. o. or a. s.

The employer shall mean a legal entity or, as the case may be, a natural person that has a registered office or permanent residency in the Czech Republic. As regards a code of another state in the point called **State**, the employer shall state it in the case of employment that is agreed in line with the coordination resolution of the EU or the bilateral agreements.

Identification of the employer including the insurance payer as the part under Section 1a.

This section is to be completed by the employer that has announced the inferior organisational unit (payroll department) in the section 1a. It means that in the column "Legal subjectivity", part 1a, the employer stated "No". Denomination and the address has to be stated precisely in line with the excerpt from the Commercial Register or another evidence.

Identification of the employer (natural person)

The employer, a natural person, shall announce the surname, name, Birth Identification Number and the address of the permanent residency. A foreign natural person shall state an address of the residency in the Czech Republic according to the identity card confirming the residence permission. If such a natural person failed to have the Birth Identification Number assigned, the date of birth shall be stated in the form rr.mm.dd/0000 (for example, the date of birth 24 May 1952 shall be stated as 520524/0000). At the same time, such a person shall also declare its gender and citizenship.

Address for delivery

The address for delivery shall be declared by the employer only, if it is different from the address of the registered office of the employer.

Banking details of the employer

The employer shall fill in the number of its bank account that is relevant regarding to payments of the insurance premium in respect of its employees.

Contact details of the responsible representative

The employer shall state the details concerning the person entitled to communicate with the health insurance company.

Date of validity of the filled in information/data

The date where of all the information/data shall be valid (it means, the date of the application/de-registration of the employer, the date of the alteration of the information/data).