

registration
 suspension
 change
 deregistration
 registration cancellation
 employee ⇒ type
 SZCO
 DPO
 State-insured person ⇒ type
 voluntary deregistration

1. Natural person's identification (employee + self-employed + voluntary + state-insured person) RČ

Title in front of name: Forename: Surname (last): Title after name:

2. Additional information (self-employed and voluntarily insured) Variable symbol

IČO: DIČ:

3. Natural person's address and other data (employee + self-employed + voluntary + state-insured person)

Address of permanent residence - street: Conscription no.: Orientational no.: Date of birth: Nationality:

Municipality: Postal code: Birth surname:

Country: Sex: Status: Previous surname:

Place of birth:

4. Additional information (employee)

Employee who is a statutory body or a member of a statutory body of the employer or has at least a 50% ownership share in the employer: Employee of an employer under Sec. 7(2): Member of a municipal police force as an employee:

5. Natural person's correspondence address (employee + self-employed + voluntary + state-insured person)

Street: Conscription no.: Orientational no.: Telephone:

Municipality: Postal code: E-mail:

Country:

6. Natural person's bank details (employee + self-employed + voluntary)

IBAN:

7. Employer's basic identification (employee)

Employer's name: Variable symbol:

IČO: DIČ:

8. Additional data on employer (employee)

Title in front of name: Forename: Surname: Title after name:

RČ:

9. Insurance period (employee + self-employed + voluntary + state-insured person)

Start date of insurance: Date of registration cancellation: Start date of suspension: Reason for suspension: End date of suspension: End date of insurance: Employment relationship:

Start date of legal relationship: MD start date: MD end date: RD start date: RD end date: Performance of work in state:

Child's birth ID no.: Child's forename: Child's surname:

Regular employment
 Civil service employment

10. Voluntarily insured – period and assessment base

NP start date: NP assessment base: NP end date:

DP start date: DP and RFS assessment base: DP end date:

PvN start date: PvN assessment base: PvN end date:

11. Signatures and stamps (employee + self-employed + voluntary + state-insured person)

Date of change: Completion date of form: Acceptance date of form:

Form completed by (forename and surname):

Telephone: E-mail:

Signature and stamp of employer or registering person:

Social Insurance Agency signature and stamp: