

registration change deregistration

PO

FO

OZ

OrgZ

ZZ

1. Identification of employer (PO + FO + OZ + OrgZ + ZZ)

	IČO	DIČ	Variable symbol
Employer's name	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Is GP paid ? Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. Additional data on employer – natural person

Title in front of name	Forename	Surname (last)	Title after name	RČ
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

3. Employer's address (PO + FO + OZ + OrgZ + ZZ)

Street	Conscription no.	Orientational no.	SK NACE	Due date	No. units
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Municipality	Postal code		Legal form	Ownership type	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
Country	Date of first EE's employment		Date of last EE's deregistration		
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		

4. Employer's correspondence address (PO + FO + OZ + OrgZ + ZZ)

Street	Conscription no.	Orientational no.	Telephone
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Municipality	Postal code		E-mail
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
Country	<input style="width:100%;" type="text"/>		

5. Employer's bank details (PO + FO + OZ + OrgZ + ZZ)

IBAN
<input style="width:100%;" type="text"/>

6. Identification data of the employer that established an OZ or OrgZ (OZ+ OrgZ)

Employer's name			
<input style="width:100%;" type="text"/>			
Street	Conscription no.	Orientational no.	Variable symbol of the employer that established an OZ or OrgZ(OZ+ OrgZ)
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Municipality	Postal code		IČO
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
Country	<input style="width:100%;" type="text"/>		


7. Statutory representatives of the employer (PO+OZ+ZZ)

Title in front of name	Forename	Surname	Title after name	RČ
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Permanent residence - street	Conscription no.	Orientational no.	Date of birth	Position code
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Municipality	Postal code		Telephone	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Country	Date from	Date to	E-mail	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

Second statutory representative

Title in front of name	Forename	Surname	Title after name	RČ
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Permanent residence - street	Conscription no.	Orientational no.	Date of birth	Position Code
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Municipality	Postal code		Telephone	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
Country	Date from	Date to	E-mail	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

8. Signatures and stamps (PO + FO + OZ + OrgZ + ZZ)

Date of change	Completion date of form			Acceptance date of form
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Form completed by (forename and surname)		Signature and stamp of employer or registering person	Social Insurance Agency signature and stamp	
<input style="width:100%;" type="text"/>				
Telephone	E-mail			
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			