

## **INSTRUCTIONS**

### **for Completion of Equipment (Assembly) Registration Form for Testing in accordance with Act No. 136/2011 Coll.**

The Czech National Bank performs, in accordance with Act No. 136/2011 Coll., testing of equipment for processing domestic banknotes and coins in accordance with set standards. The obligated entities, equipment manufacturer, its representative, service company or supplier (hereinafter the “Supplier”) register for testing equipment (an assembly) through the registration form that is available at the Czech National Bank’s website ([www.cnb.cz](http://www.cnb.cz)).

Please comply with these instructions for the completion of the registration form for testing. A registration form will be accepted only in the event all mandatory information, as marked with a star, is completed and all mandatory annexes are produced. If a registration form is filled in incompletely or incorrectly and/or if one of the annexes is missing, it will be returned to the applicant for supplementation. Please submit the registration form, including annexes, in one counterpart.

#### **Instructions for completion**

#### **INFORMATION ABOUT EQUIPMENT (ASSEMBLY)**

Please state the following information in accordance with the technical specifications for the equipment.

**1 – Manufacturer name and Type designation of tested equipment (assembly)**

Mandatory information. Please state manufacturer name and the complete name (type, business, etc.) of the equipment tested.

**2 – Hardware version of detector**

Mandatory information. Please state the detector of the tested equipment, i.e. uniform features for one type of equipment (sensors, detectors, cameras, etc.) to ascertain protective elements and parameters for domestic bank notes or coins.

**3 – SW version – template, currency f.**

Mandatory information. Please state the software version of the tested equipment (Firmware, Template, Currency File, etc.)

**4 – Change to HW - SW – re-testing**

Mandatory information only in the event of a change to the hardware features (sensor, detector, etc.) or different SW features, establishing the duty of a new process for testing the equipment.

**5 – Equipment for processing**

Mandatory information. Please state one or both of the options offered.

**6 – Equipment category**

Mandatory information. Please state one of the options offered.

#### **INFORMATION ABOUT SUPPLIER**

Please state this information in accordance with the registration (commercial register, trade licensing register).

**7 – Name**

Mandatory information. Please state the full name of the registering entity in accordance with the registration.

**8 – Identifier (registered number)**

Mandatory information. Please state the supplier’s registered number.

**9 – Tax ID**

Mandatory information. Please state the Supplier's VAT ID number or other identification for VAT purposes, if available. For taxable person with VAT identification number issued according to Council Directive 2006/112/EC the information is mandatory.

#### **SUPPLIER’S REGISTERED OFFICE**

**10 – 15 – Registered office**

#### **SUPPLIER’S CORRESPONDENCE ADDRESS**

**16 – 21 – Correspondence address**

Here please state the address for sending correspondence, if it differs from the Supplier’s registered office. Otherwise leave these parts blank.

Information marked \* is mandatory. Please state information about the registered office of the registering entity in accordance with its registration (commercial register, trade licensing register).

## **SUPPLIER'S CONTACT DETAILS**

### **22 – Name of contact person**

Mandatory information. Please state the name of the person responsible for testing the equipment registered.

### **23 – 24 – Telephone and fax**

Please state the telephone number (mandatory information) or fax number of the person responsible.

### **25 – E-mail address**

Please state the e-mail address of the responsible person.

## **REPRESENTATIVES OF THE SUPPLIER PARTICIPATING IN EQUIPMENT TESTING**

### **26 – 27 – Representatives' information**

Mandatory information. Please state the surname, first name and position of persons that participate in testing of equipment for the supplier.

## **DETAILED SPECIFICATIONS OF REGISTERED EQUIPMENT (ASSEMBLY)**

### **28 - The equipment is able to process means of payment**

Mandatory information. Please state one of the options offered.

### **29 - The equipment is able to process bank notes**

Mandatory information. Please state all the values supported from the options offered.

### **30 - The equipment is able to recycle bank notes (if it is supported):\***

Mandatory information (if it is supported). Please state all the values supported from the options offered.

### **31 - In what way does the equipment (assembly) verify protective elements and parameters of domestic bank notes or coins and in what way does it perform backtracking**

Mandatory information. Please state in what way the equipment (assembly) verifies protective elements and parameters of domestic bank notes or coins and in what way it performs backtracking (if it is supported). Further, specify other related information in detail (in an annex). All such information can be provided by reference to annexes supplied (page, paragraph, etc.) or to documents available on the internet.

### **32 - A change to limit values (sorting parameters) can be made by**

Mandatory information. Please state one or more of the options offered. Who is entitled to make a change to limit values, i.e. settings directly on the equipment for processing banknotes or coins in accordance with suitability for circulation. It can be a combination, for example, operators and the service company or the service company and the manufacturer.

### **33 - Recommended frequency of performance of preventative checks (clean-up)**

Mandatory information. Please state the frequency (interval) for recommended preventative checks (clean-up) as a part of which adjustment, cleaning, calibration, etc. of individual elements and the whole device is performed. Please state the frequency (interval) of recommended performance of maintenance of the equipment by operators.

## **LIST OF ANNEXES SUPPLIED**

**35** – In the event an individual field of the registration form is insufficient for the statement of all information, please use the general annex to the registration form, which can be downloaded from the ČNB's website.

**36** – For each of the annexes please state one of the forms offered. Please state a description of the annex in the text.

In the lower part of the form please state the place and date of completion of the registration form.

## **SIGNING AND SENDING OF FORM**

### **Documentary Form**

Please print out the completed form on both sides, stamp it with a stamp and sign it, then send it to the address stated in the registration form.

### **Electronic Form**

Please attach a guaranteed electronic signature to the completed form in accordance with Act 297/2016 Coll. – Act on Services Creating Trust for Electronic Transactions. Please save the signed form in a file and send it to the Czech National Bank's data box or as an e-mail attachment to the address stated on the registration form.

Czech National Bank, Department 330,  
Na Příkopě 28, 115 03 Prague 1  
tel: 224 414 501  
e-mail: testovani.zarizeni@cnb.cz

Information marked \* is mandatory. Please state information about the registered office of the registering entity in accordance with its registration (commercial register, trade licensing register).