

Central Credit Register
 Na Příkopě 28
 115 03 Prague 1
 Electronic mail room – data box: **8tgaiej**

Application of a Client for an Extract from the Central Credit Register (CCR)

The CCR keeps information on the credit commitments of legal entities and individual entrepreneurs. Information on individuals - natural persons is registered in the Banking Register of Client Information operated by Czech Banking Credit Bureau, a.s., www.cbcb.cz.

For making out the extract the CNB will charge a fee covering the costs incurred according to the Schedule of Charges of the Financial and Business Services (**CZK 400,-**).

Before the extract can be provided, payment must be made to CNB's account No. **115-54186891/0710** (IBAN: CZ27 0710 0001 1500 5418 6891, BIC (SWIFT): CNBACZPP). The **client's ID number** should be given as the **variable symbol**.

| Section 1 | |
|--|---|
| Information on client for whom extract from CCR is being requested | |
| Name of client ¹⁾ | |
| Address | Street + number |
| | City |
| | Postcode (ZIP) |
| | Country |
| ID number (IČO) / Registration number of foreign client ²⁾ | |
| Tax ID number (DIČ) | |
| Applicant's name + surname ³⁾ | |
| Applicant's birth cert. No. / date of birth ⁴⁾ | |
| Applicant's phone No. | |
| Applicant's e-mail address | |
| Legal relationship between applicant and client: | Statutory body, member of statutory body, or representative |
| | Debtor (individual entrepreneur) |
| Applicant's note | |

- 1) Give company name or name of legal entity/company name or name and surname of individual entrepreneur.
- 2) For domestic clients give ID number. For foreign clients give ID number based on registration in relevant country.
- 3) Give name and surname of applicant (for individual entrepreneurs) or of statutory body, member of statutory body or representative (for legal entities).
- 4) Fill in only for individual entrepreneurs; where no birth certificate number has been allocated, give date of birth.

| Section 2 Additional information for application for extract | | |
|---|--|--|
| Period for which extract is being requested: | Current status | |
| | For period from to (MM/YY) | |
| Send extract::⁵⁾ | Electronically to applicant's data box | |
| | In writing to client's address or place of business | |
| | In a different manner - specify below | |
| Electronically to another data box ID ⁶⁾ | | |
| In writing to another address: ⁶⁾ | Name + surname | |
| | Company name | |
| | Street + number | |
| | City | |
| | ZIP | |
| | Country | |

5) *If the applicant fails to specify a delivery method, the extract will be sent electronically to the data box in the case of a legal entity and in writing to the company address in the case of a natural person.*

6) *Fill in if the applicant wishes the extract to be sent to another data box or an address other than the one given in section 1.*

At _____ on _____

Fill in for paper application only

Name and surname of applicant

Signature of applicant⁷⁾

7) *The applicant should sign the application in the presence of the authenticating person.*

Space for authentication of signature