Please read carefully the Guidelines before filling out this form.

Total Office / Occasiolized I Total Office	
Tax Office / Specialized Tax Office	
Lacal Office	
Local Office	
O4 Total Identification Number	
01 Tax Identification Number	
$\begin{bmatrix} C, Z, & \vdots & $	02 Box for an official stamp of the Tax Office
A DDI IOATION FOR	MALLIE ADDED
APPLICATION FOR	VALUE ADDED
TAX REGIS	ΤΡΑΤΙΟΝ
IAX ILOIO	ITATION
03 for a payer or an identified person	 no registered office or permanent
04	establishment in the Czech Republic
Legal person:	SC O
~ * *	
Name including a legal format	(1/20)
	<u> </u>
1	
Natural person:	
Surname	7 7 7
Maiden name	
Maidon Hame	
First name(s)	Birth certificate number / Date of birth (if the birth certificate number is not allocated)
	TO THE REPORT OF THE PERSON OF
Registered office of the legal person / address of the place of residence	of the natural person in accordance with Section 13
Subsection 1 of the Tax Code:	se of the flatural person in accordance with Section 13
Street name and orientation number, city district and descriptive number	
City	Postcode
	1 database
Country	6
Real registered office:	
Street name and orientation number, city district and descriptive number	
City	Postcode
0, 40	
Country	
County S	
	J
E-mail (O)	Phone number
	J
05 Effective date of compulsory registration	
So Emocaro dato Granpaista logicadani	
06 Reason for registration in accordance with a particular provision of the	ne VAT Act
07 Turnover in the immediately preceding 12 calendar months	
OR Date of concellation of province VAT registration. Decrease for the	otion
08 Date of cancellation of previous VAT registration Reason for the cancell	alion
09 Reason for voluntary registration of a payer or identified person	
09a Estimated amount of an annual turnover in case of voluntary registr	ration of a payer
land the same of t	, ,

10 Registration in other EU member states.– Tax Ident. No.	Date of registration	EORI	
]
11 Account numbers held at naument convice pr	ravidara (bank accounts)		ر
11 Account numbers held at payment service pr Write numbers of all your accounts at payment application form as a payer. Accounts in the Czech Republic held in CZK:		r your economic activity if you are filling out this	
Account number / Bank (identification) code		intended for publicatior yes / no	n
		7,557,115	
}			0
			3
			3
			1
Account held in a foreign country or foreign curl IBAN	rency account:		0
		o' c	1
		Currency of intended for publication	ر -
Bank ID type Bank ID		Currency of intended for publication the account yes no	п
Account name		11000	
			ገ .
Name of the bank			ر
Tame of the paint		111111111111111111111111111111111111111	٦ .
Bank street			J
Dain Street		A Part	٦ .
Pank oity			J
Bank city		10 Kg C	٦ .
Bank master de (ZID ande) Country			J
Bank postcode (ZIP-code) Country		0.00	٦ .
			J
11a Account for a refund of overpaid VAT	0.0		
Н			
12 Annexes	O ' O' . C		
 Only the person not having a registered office VAT (or similar tax) registration certificate from 	or permanent establishment in the Commandation and the Commandation and the Commandation are the Commandation and the Commandation and the Commandation are the Commandation are the Commandation and the Commandation are the Commandation are the Commandation and the Commandation are the Commandation are the Commandation and the Commandation are	zech Republic (the non-established taxable person)	
• trade licence / certificate or other authorizati	ion to business activity		
business register statement	W G		
- other annexes	number of anr	nexes	
			7
Details of the signatory:	of the signatory		
First name(s) and surname / Name of legal pers			
First flame(s) and surname / Name of regarders	SOII		
Date of birth / Tax consultant certificate number	/ Logal parson identification number		
Date of birtif/ fax consultant certificate furtiber	/ Legal person identification number		
Natural person authorized for the signature (if a tayable person or agent is a local	Inerson)	
Write what is the relationship to the legal per	rson (e.g. director, authorized person	, etc.)	
First name(s) and surname / Relationship to a le	egal person		
Taxable person / authorized signatory		Signature of the taxable person / authorized signatory	
Date			
	0:		
	Stamp		

GUIDELINES

Where the quidelines include references to individual provisions (Sections) of the law, it concerns the Act No. 235/2004 Coll., on Value Added Tax, as amended by later regulations, provided it is not stated otherwise.

State the remaining part of the official name of your locally competent Tax Office (e.g. – capital Prague, – South Bohemian Region,

etc.) in the Tax Office / Specialized Tax Office box. If the entity is a person selected in accordance with Section 11 Subsection 2 of the Act No. 456/2011 Coll., on the Financial Administration of the Czech Republic, as amended by later regulations (hereinafter referred to as "the Act on the Financial Administration of the Czech Republic"), the Specialized Tax Office must be stated. Enter the seat of the Local Office where the file about the taxable person is or will be kept in the "Local Office" box (Section 13 of the Act on the Financial Administration of the Czech Republic). Locally competent for non-established taxable persons (no registered office or permanent establishment in the Czech Republic) is Finanční úřad pro Moravskoslezský kraj (Tax Office for the Moravian-Silesian Region), Územní pracoviště (territorial branch) Ostrava I.

- 01 State the tax identification number if already allocated to the person applying for registration.
- or State the tax identification number if already allocated to the person applying for registration.

 Or State the tax identification number if already allocated to the person applying for registration.

 Further, mark the box if you are a person who does not have a registered office or permanent establishment (a non-established taxable person) in the Czech Republic, otherwise leave the box blank.
- 04 State the requested identification data of the person applying for registration. Entering the information in the "Maiden name" box, "Degree" box, "Phone number" box or "E-mail" box is optional. Registered office of a legal person under Section 13 Subsection 1 of the Act No. 280/2009 Coll., the Tax Code, as amended by later regulations (hereinafter referred to as "the Tax Code"), is the address which is registered for the legal person in the Commercial Register or similar public register, or the address where the legal person is actually seated if such an entity is not entered in these registers. The place of residence of a natural person under Section 13 Subsection 1 of the Tax Code is the address of a place of permanent residence of the citizen of the Czech Republic, or the address of the reported place of residence of the foreigner, and if the place of residence of the natural person cannot be identified in this manner, it shall mean the place in the territory of the Czech Republic where the natural person mostly stays. Non-established taxable persons shall state their registered office in the public register (legal persons) or the place of

residence (natural persons).

- residence (natural persons).

 Real registered office is the address of the place of management of the taxable person where fundamental managerial decisions are made, or the place where the management of this person meets to ensure performance of the fusiness activity; if a natural person does not have a place of his management, the registered office of such person, shall mean his residence.

 O5 If you are the person who becomes a payer according to Section 6, state the date when your turnover has exceeded the registration threshold (Please be aware that Section 6 is only for those taxable persons who have the registered office in the Czech Republic; therefore not for non-established taxable persons). If you become a payer under Section 6b to 6e, or an identified person under Section 6g to 6i, state the date when this fact given in the respective Section occurred.

 O6 State the particular provision (Section) of the law on the basis of which you become or became a payer or identified person.

 O7 State your turnover in the immediately preceding 12 calendar months before the application submission date.

 O8 State the date of the previous VAT registration cancellation including the reason for the cancellation

- 07 State your turnover in the infinitediately preceding to cancellation including the reason for the cancellation.

 08 State the date of the previous VAT registration cancellation including the reason for the cancellation.
- 09 Give a brief reason for your voluntary registration.
- 09a If you apply for a voluntary registration of a payer, state the estimated amount of your annual turnover as specified in Section 4a. Giving this information is optional.
- If you have been registered for the tax in another EU member state, state the tax identification number and date of registration. State EORI number for communication with customs authorities if it is not identification number has not been allowed yet? 10- If you have been registered for the tax in another E
- 11 In case you are filling out the application for VAT registration of a payer, state the numbers of all your accounts at payment service providers (your bank accounts) which are used for your economic activity. Always state if they are intended to be made public in the VAT Register.

public in the VAT Register.

Please note that this requirement is related to the possible liability (the receiver of the supply is liable for the tax unpaid by the provider of the supply if the payment is made to an account other than the account which was made public; this liability applies only on specific conditions defined by the law - Section 109 Subsection 2 Paragraph c)).

Also please be aware that although there is no restriction as regards the publishing of the account held abroad, the possible liability application is not hindered thereby. It is a separate case of liability given by Section 109 Subsection 2 Paragraph b), under which the receiver of the supply, who made payment for the taxable supply to the provider's account held outside the country, is held liable for VAT unpaid by the provider no matter if it was the account that had been published in the VAT Register.

Where the accounts are held at Czech banks, it is not necessary to complete the following information: Bank ID type / Bank ID / Account name / Name of the bank / Bank street / Bank city / Bank postcode / Country.

Write the type of the bank ID in the "Bank ID type" box, i.e. for example BIC, FW, SC. Write the account name or name of the account holder in the "Account name" box.

- Complete an account No for a refund of overpaid VAT on the H line.

- - If the account is held abroad or in a foreign currency, leave the H line blank (put a dash). In that case the account held abroad or in a foreign currency completed in the form above will be treated as the account intended for the refund of overpaid VAT provided that it is your own account which is used for economic activity. When the mentioned conditions are not fulfilled, write this account in separate annex in accordance with the last paragraph of the guidelines. If the account intended for a refund of overpaid VAT is your own and this account is used for your economic activity, it should be also written in the accounts in the box 11.
- 12 The mentioned annexes must be provided by persons not having a registered office or permanent establishment in the Czech Republic (non-established taxable persons). All these annexes must be officially verified copies of original documents translated into Czech language. Officially verified translation into the Czech language is not required but a financial office has the right to ask for it later in case of need (Section 76 Subsection 2 of the Tax Code). The annexes must sufficiently and credibly substantiate the identification of the applicant.

 Other annexes – indicate their total number (applicable e.g. if you need more space in the box 11 – account numbers, etc.).

🕪 Fhe signatory details must be completed only where the application is being filled in and submitted by a person other than the taxable person; where the taxable person makes the submission himself, this part should not be filled in. Instructions for filling out details of the signatory are published on the website of the Financial Administration: http://www.financnisprava.cz in the Tax forms section.

If you need more space for provision of any additional data or information that may be relevant, use separate annex and enter the corresponding box No. of the original form to which such information is referred. Indicate the total of the annexes in the box 12.