

Request for a confirmation of debt-free status

Name / First and last name:	
Comp. ID No.:	Personal ID No.:
Address of registered office / permanent residence:	
Tel. no.:	E-mail:
Correspondence address:	
Contact person:	Tel. no.:

I request a confirmation stating that I have no arrears of insurance premiums and penalties for public health insurance towards VZP CR.

I request this confirmation to be issued on	 for the

purpose of: dealing with the Employment Office

participation in a public tender

negotiations with the bank regarding the granting of a loan

____other_____

(mark the selected ones with a cross)

I will collect the confirmation in person	
i will concet the commutation in person	

send the confirmation by post to the following address – registered office / permanent / correspondence

send the confirmation via data mailbox number:

(mark the selected ones with a cross)

Date: _____

signature and stamp

The aforementioned personal data is processed by the General Health Insurance Company of the Czech Republic for the purpose of public health insurance in accordance with the legal regulations of the Czech Republic. Their processing shall be governed by the General Data Protection Regulation (No. 2016/679 and related legislation.