

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
- 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