

REGISTRATION IN THE KOLIKMAM.CZ PORTAL

APPLICANT'S IDENTIFICATION

Degree, name: ¹⁾	Surname ¹⁾	Surname of birth: ¹⁾
.....
Date of Birth: ¹⁾	Personal ID number: ¹⁾	
.....	
Place of Birth:	Country of birth:	
.....	
Gender ¹⁾ <input type="checkbox"/> male <input type="checkbox"/> female	Nationality:	
.....	
Identity Card No. / Passport No:*	Email ⁴⁾	
.....	
Applicant's Telephone Number: ⁴⁾	Business name: ^{1) 3)}	
.....	
ID No.: ^{1) 3)}	VAT No.: ^{1) 3)}	
.....	
Residential address ¹⁾		
Street, Building No./Orientation No., City:	Country:	
.....	
Mailing address		
Street, Building No./Orientation No., City:	Country:	
.....	

AGREEMENT WITH THE USE OF CONTACT

USE CONTACT (E-MAIL, PHONE) FOR THE PURPOSE OF BUSINESS MESSAGES OF CRIF - CZECH CREDIT BUREAU

I agree I don't agree

In on
Signature

*) delete as appropriate