

REQUEST FOR REGISTRATION/ UPDATE/ CANCELLATION

Client (service 85 101)

Client account (service 85 102)

Registration

Cancellation

Registration

Cancellation

Update

Update

Participant's code	
Personal ID (NID)	
Identifier for state authorities*	
Surname/ business name	
Name/ business name (continuation)	
Title	
Address-street and No	
Address-town	
Postcode	
Country code	
Country code for the tax purposes	

Participant's code	
Personal ID (NID)	
Type of account 1)	
Status of account 2)	
Number of pledge 3)	

1) 11 - own account, 21 - client's account, 31 - omnibus, 35 - account for the depository of collective investment fund

2) 0 - pledged account, 1 - free account, 2 - credit by non-matching instructions is not allowed, 3 - pledged account, credit by non-matching instructions is not allowed

3) In case of Status 0 or 3 only

Type of person: 1 - Czech individual

2 - Czech legal entity

X - foreign legal entity

Y - foreign individual

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Date and signature of authorized person

Fax number:

Required address for communication with the client:

Surname/ business name	
Name/ business name (continuation)	
Title	
Address-street and No	
Address - town	
Postcode	
Country code	

Account number	
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*Company's ID number, birth certificate number or birth date in format yy.mm.dd

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Date and signature of CSD authorized person