

Guarantor: Capital City of Prague, Mariánské náměstí 2, 110 01, Prague 1, reg. no.: 00064581,

Please complete the form legibly in block capitals with diacritics, using black ballpoint pen, if possible.

Mandatory information: Highlighted fields must be filled in. An opencard cannot be issued without these fields completed.

<http://www.opencard.cz>

Please attach
35 x 45 mm
card
photograph*

Glue bar code here

1. OPENCARD APPLICANT

Details marked * will be printed on your opencard.

Name*

Surname*

Date of birth Degree in front of name Degree after name I agree that my photo can be stored for further processing Yes No

2. CONTACT DETAILS

Street Permanent residence address**

Town Indication no. (č. p.) / House no. (č. o.)

Country ZIP

E-mail Phone

You will be informed via e-mail and a text message that you can collect your opencard at your contact point

**) If you are a foreign national without a permanent residence in the Czech Republic please enter the address where you reside in the Czech Republic

Street (Do not fill in if you want to receive correspondence at your permanent residence address)

Town Indication no. (č. p.) / House no. (č. o.)

Country ZIP

3. APPLICANT DECLARATION AND CONSENT

(1) I request activation of a Ticketing System card application Yes No (2) I request activation of a Parking card application Yes No

I agree that by making an Application for activating my card applications I have given my consent to the Manager allocating data space for those card applications in my card memory and to the operators of those card applications subsequently uploading these card application data to the space allocated to the card applications on my opencard. Furthermore, I agree that by making this Application I have given consent to my personal details being processed by the operators of the card applications the activation of which I have requested in this Application.

(1) I declare that all information entered by me in this Application is true and correct and I undertake to immediately inform the Manager of any changes to the information.
(2) Opencard Issuance and Application Terms are an integral part of this Application. By appending my signature, I confirm that I have read the up to date Opencard Issuance and Application Terms, and understand, agree and undertake to comply with them.
(3) Consent to Processing Personal Details, Provision of Information, and Details Holder Rights is an integral part of this Application.
(4) I consent to receiving information and commercial messages relating to the opencard system. Yes No

Applicant signature

4. STATUTORY REPRESENTATIVE CONSENT TO THIS APPLICATION

Name Statutory representative signature

Surname

Date of birth Degree in front of name Degree after name

5. RECEIPT OF APPLICATION / DATE AND PLACE TO COLLECT CARD

To be completed by operator

Proof of applicant's identity

Application received by / Date Application received / Place Application received

Approximate date to collect card

Manner to collect card: Mail Contact point