

FORM-FILLING INSTRUCTIONS for Notification of intention to submit the Disclosure CESOP

To the relevant office

As the tax administrator for CESOP is the Specialized Tax Office, the form is pre-filled with "4000 - SPECIALIZOVANÝ".

Notification of intention to submit the Disclosure CESOP

Payment service provider identification

Identification number/Registration number

The number of identification or registration issued by the relevant authority (Trade and Companies Register) shall be indicated.

Name of the entity

The name of the payment service provider shall be provided.

Address of the entity

The registered office address of the payment service provider shall be provided. Street (text item), number (text item), municipality (text item), postcode (no spaces, text item), country (Alpha 2 CODE international country code according to the ISO 3166).

E-mail address

E-mail address that is to be used for communication with the tax administrator regarding CESOP. Up to two e-mail addresses can be given in this field. It is possible to use an e-mail address of the person authorised for submission/signature as described below. The tax authority will use this e-mail address for all the communication including the CESOP validations messages; therefore, it is crucial to provide a valid e-mail address.

Details about the person authorised for submission and signature of the Disclosure CESOP

Data on the person authorised for submission and signature of the Disclosure CESOP shall be provided.

1. The person authorised for submission can be both a legal and a natural person different from the payment service provider. The power of attorney must be attached to this form, the scope of the authorisation in the power of attorney relevant to CESOP must be explicit and clear.
 - a. The representative authorised for submission is a legal person different from the payment service provider. This authorised legal person must then authorise a natural person to sign the Disclosure CESOP (see below). All the four fields shall be then filled out.
 - b. The representative authorised for submission is a natural person who is external to the payment service provider, f. ex. an attorney. In this case, three of the following fields shall be filled out (except the field "Name of the natural person authorised for signature of the Disclosure CESOP" as the person is the same as in the field "Name of the natural person or legal person authorised for submission of Disclosure CESOP").

2. The who signs the Disclosure CESOP. This natural person authorised for signature can be also the person authorised for submission or be in relationship to the payment service provider or to the legal person authorised for submission (f. ex. officer, director, manager). The authorisation document must be attached to the form, the scope of the authorisation relevant to CESOP must be explicit and clear.
 - a. The natural person authorised for signature is the same natural person who is authorised for submission – this situation is described above in 1. b.
 - b. The natural person authorised for signature is internal to the payment service provider (f. ex. the manager, director, employed officer). In this case, only the fields “Name of the natural person authorised for signature of the Disclosure CESOP” and “Relationship of the natural person to the legal person / payment service provider” shall be filled out.
 - c. The natural person authorised for signature is internal to the legal person authorised for submission as described in the situation 1. a. above. All the four fields must be filled out in this case.

Name of the natural person or legal person authorised for submission of Disclosure CESOP

First name and SURNAME of the authorised natural person or name of the legal person is required in this field.

Date of birth / Identification or Registration number

The date of birth of the natural person authorised for submission of Disclosure CESOP shall be provided in the format DD.MM.YYYY.

In case of legal person, the identification or registration number issued by the relevant authority (Trade and Companies Register) is required in this field.

Name of the natural person authorised for signature of the Disclosure CESOP

First name and SURNAME of the natural person authorised for signature shall be filled out in case, the representative authorised for submission is a legal person.

Relationship of the natural person to the legal person / payment service provider

Information about relationship of the natural person, who is authorised for signature, to the representative, who is authorised for submission, or to the payment service provider shall be filled out in this field (f. ex. attorney, officer, director, manager, external accountant).