Please read carefully the Guidelines before filling out this form.

Tax Office for / Specialized Tax Office	
Territorial Branch for/in	
01 Tax Identification Number	
	Box for an official stamp of the Tax Office
REGISTRATION DATA C	HANGE NOTIFICATION
	entification data
02 Surname	
03 First name(s)	04 Birth certificate number / Date of birth (if the birth certificate number is not allocated)
05 Name of legal person including a legal format	
	06 Identification Number
07 Remitter's cash desk identification	
08 Phone number cancellation	new/another
09 E-mail cancellation	new/another
10 Business Licence issued outside the Czech Republic cancellation a) date of cancellation b) issued under	number
new/another a) date of issue (b) new/another	licence issued under number
11 Suspension of a business activity a) date of beginning of suspension b) date of end	of suspension
12 Account numbers held at payment service providers (bank ac	counts)
a) cancellation	
accounts in the Czech Republic held in CZK: Account number/Bank (identification) code	
account held in a foreign country or foreign currency account: IBAN	

b) new/another c) change	
accounts in the Czech Republic held in CZK:	the account owner used for an economic intended for publica- activity (only for VAT) tion (only for VAT)
Account number/Bank (identification) code	yes/no yes/no yes/no
account held in a foreign country or foreign currency account: IBAN	
	the account owner is
bank ID type bankID	currency of the a taxable person
account name	
name of the bank	
bank street	<u> </u>
(, , , , , , , , , , , , , , , , , , ,	
bank city	
bank postcode	
(ZIP-code) country	
used for an economic activity (only for VAT purposes)	ended for publication (only for VAT purposes) yes/no
12a Number of an account for a refund of overpaid VAT	
13 Legal agent or trustee	
cancellation date	change/another date
surname	
13 Legal agent or trustee cancellation date surname	
first sense (a)	certificate number / date of birth
first name(s) (if th	e birth certificate number is not allocated)
Address of the place of residence:	
street name and orientation number, city district and descriptive number	۶۲ ۱
city N N	Postcode
phone number e-mail	
14 Address for service:	
cancellation change	
a) street name and orientation number, city district and descriptive nun	nber
b) city	c) Postcode

15 Organizational units of the business enterprise:	a) number of branches			
	b) number of permanent e	establishments		
	c) number of remitter's ca	ash desks		
16 Data change related to the remitter's cash de	sk			
Change of address of the remitter's cash desk $a)$ street name and orientation number, city distribution	t and descriptive number			
b) city				c) Postcode
Change of natural person authorized to act on beha	If of the remitter's cash des	sk in tax matters		
surname				0 0· 1·
first name(s)	degree	birth (if th	certificate number / e birth certificate nur	date of birth
			CY S	,
role				
			0,0)
17 Data change related to organizational units of a) change of organizational unit	the business enterprise	o formation	~· v	
			tes	
Address of the organizational unit		.O` X`	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
street name and orientation number, city district a	nd de <mark>scrip</mark> tive number	N P	+	
city		10 X		Postcode
country		<u> </u>		
1. Change of contact details		C.O.		
Phone number cancellation	new new	/another		
E-mail				
cancellation	New C	//another		
2 Cancellation of the ergenizational unit of the h)
2. Cancellation of the organizational unit of the b	an activity in the organizat	ional unit ended		
b) new organizational unit	• • •			
	zational serial number:			
name			identification numbe	er.
street name and orientation number, city district and	descriptive number			
city				Postcode
country				
phone number	e-mail			
organizational unit identical with the remitter's cash	desk yes/nc)		
person acting on behalf of the remitter's cash desk				

Name of person including a legal format / first name(s) and surname	
Address of the registered office / place of residence	
Country	<u> </u>
PART 3 – Other data change related to	Value Added Tax
19 Registration in other ELL member states	cancellation data of registration /
new registration	of registration date of cancellation of registration
TIN (Tax Ident. No.)	
20 Real registered office	
a) street name and orientation number, city district and descriptive number	<u> </u>
b) city	c) Postcode
d) country	
e) phone number	X 10
	an a
Details of the signatory: Code of the signatory	
Details of the signatory:	
Date of birth / Tax consultant certificate number / Legal person identification number	
Natural person authorized for the signature (if a taxable person or agent is a legal Write what is the relationship to the legal person (e.g. director, authorized person	I person)
Write what is the relationship to the legal person (e.g. director, authorized person First name(s) and surname / Relationship to a legal person	n, etc.)
Taxable person / Authonzed signatory: Date Image: Image	Signature of the taxable person / authorized signatory
Date Stamp	

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18 Data change related to persons not having their permanent residence, registered office or permanent establishment in the Czech Republic

GUIDELINES FOR FILLING OUT THE REGISTRATION DATA CHANGE NOTIFICATION FORM

