



1. INFORMATION ABOUT THE POLICY HOLDER (TO BE FILLED IN BY THE LEGAL REPRESENTATIVE)

First name and surname of the policy holder:

Birth certificate number of the policy holder:

2. INFORMATION ABOUT THE LEGAL REPRESENTATIVE

Name and surname of the legal representative:

Phone:

E-mail:

3. CONFIRMATION OF PAYMENT (TO BE FILLED IN BY THE TRAVEL AGENCY OR ACCOMMODATION PROVIDER)

Travel agency or accommodation provider:

Name:

ID:

We confirm that the policy holder was accommodated during the period below and the amount stated below was paid on his/her behalf:

Date:

from

to

Venue:

* Date of payment:

Total amount paid for all persons:

CZK

Number of persons for whom the full price was paid:

The amount paid for the policy holder mentioned above in section 1:

CZK

* Documents which prove the purchase/payment of accommodation or package holiday (contract with travel agent, invoice, account statement, cash receipt, etc.) are integral parts of the Confirmation of Participation. Transport expenditures - fuel, tolls, etc. may also be presented.

Date of confirmation:

Stamp and signature
of the providing enterprise:

The expenditures have not been reimbursed by another person (e.g. employer).

Date:

Signature of the policy holder
or the legal representative: