**APPLICATION FORM**

**for a Certificate of Non-membership of the Czech Dental Chamber**

### Surname:

### First name:

### Academic degree:

### Date of birth:

### Number of ID card/Passport\*::

### Address of permanent residence:

### Contact telephone number:

### E-mail:

### Name of university/college:

### Name of faculty:

### Address of university/college:

### Date of completion:

### Number of the diploma conferred by the university/college:

I request the Certificate in the following language(s): Czech \* / English \* / German \*.

### I will collect the Certificate in person at the Czech Dental Chamber offices \* / I request that the Certificate be sent to the following address \*:

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I represent that between the day on which I completed my studies and the day on which I sign this application, I never practised as a dentist in the Czech Republic and that all the details set out in this application are true.

I hereby grant my consent to the provision of this Certificate to any public administration authority or professional self-governing body of the country in which I will perform the profession of a dentist.

The issue of the Certificate of Non-membership is subject to a charge of CZK 600.

The payment can be made within seven business days to the Czech Dental Chamber’s bank account, no. 3655120277/0100, ‘variabilní symbol’ (variable symbol) 9999. Please write your name in the ‘Zpráva pro příjemce platby’ (Message for the Beneficiary) field, it is important for pairing the payment.

Payment from abroad: IBAN: CZ8301000000003655120277, SWIFT: KOMBCZPPXXX. Please note that the CSK does not cover the bank transfer costs.

Payments can also be made in cash at the Czech Dental Chamber offices upon the collection of the Certificate of Non-membership.

I opt for the following payment method: payment to the bank account in advance \* / payment in cash when collecting the Certificate \*.

The following are attached to my application:

1. A copy of my ID card/passport
2. A copy of my diploma from my university/college, or a certificate of the completion of studies

At …………………...… Date ……………………… Handwritten signature: ……………………………….............

\* Delete as appropriate

CSK/155/17