**Request for the Extract from the Criminal Record – natural person**

**Form for the extract from the Czech Criminal Record**

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| **Project code** |  |
| **Project title** |  |
| **Call for Proposals** |  |

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| **Name of the legal entity (Project Promoter / project partner)** |  |
| **Name and surname (maiden surname)** |  |
| **Current surname** |  |
| **Personal identification number (for Czech persons)** |  |
| **Day, month and year of birth** |  |
| **Place of birth** |  |
| **District** |  |
| **Sex** |  |
| **Citizenship** |  |
| **Country of birth (for project partners from Donor States and third countries)** |  |

I agree with processing of the stated personal data by the Technology Agency of the Czech Republic in order to obtain the extract from the Czech Criminal Record.

Signature: ……………………………………………………………….