



ZDRAVOTNÍ
POJIŠTOVNA
MINISTERSTVA
VNITRA ČR

211

Support programme
for chronically ill children
LOP

CONFIRMATION OF PARTICIPATION AND PAYMENT

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: