**Application for Contribution from the Social Fund of FSV UK**

[ ]  to the pension insurance with state contribution (Act no. 42/1994 coll.)

[ ]  to private life insurance (Act no. 37/2004 coll.)

[ ]  to supplementary pension savings with state contribution (Act no. 427/2011 coll.)

First and last name:

Date of birth:

Workplace:

Requested amount of contribution:  CZK

Name of pension fund of the insurance:

Account number/code of the bank:

Constant code:

Variable code:

Specific code:

By signing this application I declare that I agree that the employer collects my personal data for the purpose of granting and providing contribution from the social fund, treats or otherwise processes such data for the same purposes in accordance with Act no. 101/2000 Coll., on the protection of personal data and amendment of certain acts, as amended, and Regulation of the European Parliament and Council of the European Union 2016/679, on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and on the repeal of Directive 95/46/EC, known as GDPR (general regulation).

Date:       Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required supplements:**

1. A copy of the agreement for pension insurance with state contribution, or agreement for supplementary pension savings with state contribution or private life insurance, or the latest amendment to these agreements governing the employer's contribution.
2. A copy of the document in which the insurance company provides a bank connection for sending contributions related to this agreement.

**Employee is obliged to:**

1. notify the employer of any changes made to the information stated above no later than within five business days after such a change arises,
2. submit on a regular basis to the head of the personnel office annual overviews of the paid contributions issued by the relevant bank (financial institution) for these purposes, no later than by June 30 of the following calendar year for the past year.

**Statement by the personnel office:** [ ]  complies [ ]  does not comply

Date of commencement of employment at FSV: \_\_\_\_\_\_\_\_\_\_\_\_

Workload coefficient: \_\_\_\_\_\_\_\_\_\_

Amount of contribution: \_\_\_\_\_\_\_\_\_\_\_\_CZK

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account office (the head of the Account Office):**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by the head of the personnel department on the provision and payment of contribution:**

Contribution paid out for the month of: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_