**Application for Contribution to the Coverage of Annual Fare on the Territory of the Capital City of Prague in Public Transport or of In Karta**

First and last name:

Date of birth:

Workplace:

By signing this application I declare that I agree that the employer collects my personal data for the purpose of granting and providing contribution to the coverage of annual fare on the territory of the capital city of Prague in public transport or of In Karta, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Necessary supplements:**

1. a copy of an electronic ticket (“lítačka“) or In Karta issued on your name and a copy of the tax document about the price coverage for the charging of an electronic ticket or In Karta in the amount of the current annual fare; in the case of In Karta, a document about the price coverage for the fare discount applied; or
2. If you have an annual ticket (“lítačka“) uploaded to your bank payment card (you are not the holder of a plastic electronic card called "Lítačka"), a copy of the statement from your online PID account and the original of the tax document about the price coverage for the charging of an electronic ticket in the amount of the current annual fare; or
3. a copy of a paper annual ticket, a copy of the PID card issued on your name and the original tax document about the payment for a paper annual ticket.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_