

TV Licence Payer Form

For legal entities or individuals operating a business

 REGISTER

 CHANGE

 DEREGISTER

1 - Payer identification

Variable symbol (VS), if already assigned:

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IČO:

1.A – Sector

Does the entity operate in the vehicle rental sector?

If yes, enter the number of rented vehicles equipped with a TV receiver:

1.B – Number of employees

Number of employees (full-time equivalent)

2 - Other payer information

Business name / organisation

Registered office – street (municipality)

Land-registry number

Building number

Registered office – town, city or municipality

Postal Code

Data box ID

E-mail address

Mobile/landline No.

3 – Selected payment frequency

Payment frequency:

 Quarterly Semi-annual Annual

4 – Deregistration

I hereby declare and affirm that the above-indicated legal entity or individual operating a business has ceased to be a TV licence fee payer in accordance with Act No. 348/2005 Coll., on radio and television fees (hereinafter referred to as the "Act"), for the following reason:

- ceased to own/possess or, on any other legal basis, use a TV receiver for a period of at least 1 month (e.g., a TV set, mobile phone, computer, laptop, tablet)
- the legal entity was dissolved, or the individual stopped operating a business (no longer has an IČO)
- individual operating a business (with IČO) has temporarily suspended their business activities
- the payer has newly become exempt under Section 4(1) of Act No. 348/2005 Coll.

I acknowledge that stating false information for the purpose of deregistration entitles Czech Television to charge a statutory surcharge under Section 9 of the Act.

5 – Declaration

I hereby declare and affirm that all the information stated above is true. I further expressly declare that I am aware of my legal obligations under Act No. 348/2005 Coll., including the consequences described in Section 9 of the Act. Upon registration, I have familiarised myself with the instructions and the information on the processing of personal data, which form part of this TV Licence Payer Form.

Date of declaration:

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Name:

Surname:

 Signature of the payer / authorised person¹

¹ A power of attorney or proof of some other legal title to represent the payer must be attached