Česká televize

TV Licence Payer Form

For households paying the TV licence fee directly to the Czech Television bank account

☐ **REGISTER** ☐ **CHANGE** ☐ **SWAP TO/FROM SIPO** ☐ **DEREGISTER**

1 – Payer identification

Variable symbol (VS), if assigned: ☐☐☐☐☐☐☐☐☐☐

2 – Other payer information

Surname: Name:

Date of birth:
[DD.MM.YYYY]

Street number | Land-registry number | Building

Town, city or municipality | Postal Code

Email address (optional) | Mobile/landline No. (optional)

Correspondence address (if different from permanent address) (optional)

3 – Payment frequency

Payment frequency: ☐ **Monthly** ☐ **Quarterly** ☐ **Semi-annually** ☐ **Annually**

4 – Television receiver

I have had my television receiver (e.g. a television set, mobile phone, computer, laptop or tablet) since (fill in only with a new registration): ☐☐ . ☐☐ . ☐☐☐☐

5 – SIPO details – fill in when swapping from/to SIPO

SIPO connecting number: ☐☐☐☐☐☐☐☐☐☐

6 – Deregistration

☐ I no longer own/possess a TV receiver (e.g. a television set, mobile phone, computer, laptop or tablet) or I have stopped using it for a period of at least 1 month due to other legal reasons
☐ Death of the payer
☐ I am exempt from the TV licence fee for health reasons pursuant to Section 4(1)(g) of Act No. 348/2005 Coll.

☐ I live in a common household with a person who pays the TV licence fee via the SIPO connecting number or the variable symbol assigned to the payer by Czech Television:

Name, permanent address and date of birth of the payer in the common household

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 of failure to comply with these obligations described in Section 9. Before registration, I read the advice for TV licence fee payers opting for direct payment to Czech Television, which is included in this TV Licence Payer Form.

Date of declaration: ☐☐ . ☐☐ . ☐☐☐☐

Name: Surname:

……..
Signature of the payer / authorised person[1]

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