

Identification Data

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| Name and Surname/Designation of the Payer | |
| Number of the Client/Identification Number | |

Contact Address (if it differs from the address of the permanent residency/registered office)

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| Street | | Descriptive/Indicative Number | |
| Municipality | | Postal Code | |
| Telephone Number | | Email | |

Text of the Application

The above mentioned payer shall hereby apply the OZP for the refund of the overpayment of the insurance premium in the amount of CZK

Please mark with a cross the chosen manner of the refund:

By postal order sent to the address of permanent residency/registered office

By postal order sent to the contact address

By non-cash transmission to the bank account number

By non-cash transmission to the foreign country:

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|-------------------------------------|--|-------------|--|
| IBAN | | SWIFT (BIC) | |
| Address of the foreign country bank | | | |

I hereby apply for refund due to (based on the following grounds)

The Information Related to the Processing of the Personal Data

The above stated personal data shall be processed by Oborová zdravotní pojišťovna zaměstnanců bank, pojištoven a stavebnictví, with its registered office in Prague 4, Roškotova 1225/1, Postal Code 140 21, Identification Number: 471 14 321, entered into the Commercial Register kept by the Municipal Court of Prague, File Number A 7232, (hereinafter referred to as the "OZP"), namely, exclusively for the purposes of evidence, processing and settlement of this application. The personal data in the scope of telephone number, email and bank account number shall be used by the OZP merely in the course of an operational communication with you, as the client, in case of any lack of clarity and/or imperfection of your application.

Contact details concerning the data protection officer of the OZP shall be: address - Prague 4, Roškotova 1225/1, Postal Code 140 21, email address - dpo@ozp.cz. The above mentioned personal data shall be processed based on the legitimate interest of the OZP concerning the duly and timely settlement of your application in sense of Article 6(1), lit. f), of Regulation of the European Parliament and of the Council (EU) 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 Repealing Directive 95/46/EC (General Data Protection Regulation), (hereinafter referred to as the "Regulation"). The personal data shall be stored by the OZP for the period of duration of the insurance relationship of you, as the client, and the OZP and, further, for the period that would be necessary. Providing of the personal data shall be necessary in order to duly and timely settlement of your application under Article 13(2), lit. e), of the Regulation. In case you did not grant the personal data, it shall be impossible to settle your application swiftly and duly.

You shall have the right

- to request an access to the personal data and to require the information in accordance with provisions of Article 15 of the Regulation,
- to the rectification of the personal data in sense of Article 16 of the Regulation or, as the case may be,
- to the restriction of the processing under Article 18 of the Regulation,
- to data portability under Article 20 of the Regulation,
- to lodge a complaint with the supervisory authority namely, with the Office for Protection of the Personal Data (in Czech: Úřad pro ochranu osobních údajů).
- Without undue delay, OZP shall be obliged to rectify inaccurate personal data, as well as to have incomplete personal data be completed (In this connection you shall be obliged to provide OZP with a necessary cooperation especially, to notify OZP of any change regarding your personal data).

Further, you shall have the right

- to object the processing in accordance with Article 21 of the Regulation.

If it was likely that a certain case of a breach concerning security of the personal data was to result in the high risk towards rights and freedoms of natural persons, OZP shall be obliged to inform you, as the personal data subject, without undue delay.

I am aware of the fact that the overpayment shall be refunded to the payer of the insurance premium merely if there was not any obligation due towards the OZP. If there was such an obligation due, the overpayment of the insurance premium shall be used in order to settle this obligation due.

I hereby declare that all the data included in this application shall be true, accurate and complete.

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| Date | | Signature | |
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