



REGISTRATION TO THE CZECH BAR ASSOCIATION	
<b>Title, name, surname:</b>	
<b>Linguistic knowledge:</b>	
<b>Manner of exercising the legal profession:</b>	
<b>Law firm name:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Branch office address:</b>	
<b>Branch office phone:</b>	
<b>Branch office e-mail:</b>	
<b>Signature:</b>	
<b>Date:</b>	