



AN APPLICATION TO ATTEND THE RECOGNITION EXAMINATION

Fill out the application form electronically and submit it together with the required attachments ČAK or send it to the following address: Česká advokátní komora, Národní třída 16, 110 00, Praha 1

I. DATE OF THE RECOGNITION EXAM	
II. APPLICANT	
Title	
Name, Surname	
Attorney registration number	
Email address	
The address in the Czech Republic	
Telephone number	
III. BAR ASSOCIATION	
The exact name of the applicant's home Bar Associations	
The exact address of the applicant's home Bar Associations	
IV. RECOGNITION EXAM	
This is my first time applying for the recognition exam	
If no, please indicate the date of the last recognition examination	
Language in which the exam shall be held	
Signature	
Date	