



AN APPLICATION TO ATTEND THE RECOGNITION EXAMINATION

PLEASE FILL IN THE FORM ELECTRONICALLY

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 ASSOCIATION	
THE EXACT ADDRESS OF THE APPLICANT'S HOME BAR ASSOCIATION	
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	Zvolte položku.
THE ADDRESS WHERE THE INVITATION TO ATTEND THE EXAM AND THE STUDY MATERIALS SHOULD BY SENT TO	
SIGNATURE	
DATE	