

Annex 1 to the Regulation N. 527/2005 Coll.

STATEMENT OF THE LEGAL CAPACITY OF THE NATURAL PERSON

Name and surname

Date of birth

Address of the permanent residence

1. I affirm my full legal **capacity - incapacity***
2. I affirm that in former times **I was – I was not*** deprived of legal capacity and that my legal capacity **was – was not*** limited.
3. In the case of a negative answer to item 1 or an affirmative answer to item 2 state the following:
 - a) the name of the court which issued the respective decision:.
.....
.....
.....
.....
 - b) the reference number of the decision of court:
.....
.....
.....
.....
 - c) the period of time during which you were deprived of legal capacity or during which your legal capacity was limited:
.....
.....
.....
.....

Date

Signature

*
* delete as applicable
*

STATEMENT OF THE PERSONAL ELIGIBILITY

Name and surname

Date of birth

Address of the permanent residence

1. I affirm that **I am – I am not*** under treatment by a psychiatrist and that **I am – I am not*** in the care of a psychologist

I affirm that in former times **I was – I was not*** treated by a psychiatrist and that **I am – I am not*** in the care of a psychologist.

2. At present **I feel – I do not feel*** I have mental difficulties.

3. In the case of affirmative answer to the items 1 or 2 state the following:

a) Date of investigation (period of time of the treatment)

.....

b) Reasons for seeking medical advice of a psychiatrist or psychologist

.....

c) Method of the treatment – out-patient – in house treatment

.....

d) Diagnosis

.....

e) The name of the specialized institution, name and surname of the psychiatrist or psychologist

.....

f) List all your current mental difficulties and describe circumstances of their occurrence (acuity, frequency, duration, treatment).

.....

Date

Signature

3 to the Regulation N. 527/2005 Coll.

* delete as applicable

*
*
*
*
*

Name of the subject
(the name and location of the State body, legal person or natural person pursuing business)

NOTICE

of compliance with conditions for access to RESTRICTED classified
information

Name and surname:

Maiden name (birth surname):

Date of birth:

Place of birth:

Citizenship:

In date

Compliance with conditions according to S. 6 par. 2 of the Act N. 412/2005 Coll., on the Protection of Classified Information, has been verified by and the Notice has been issued by:

Name and surname:

Signature:

Stamp:

Name of the subject

(the name and location of the State body, legal person or natural person pursuing business)

Briefing

According to S. 9 par. 1 and S. 11 par. 2 of the Act N. 412/2005 Coll., on the Protection of Classified Information

The person named below has been briefed on his/her rights and duties in the area of protection of classified information. He/she has been acquainted with the content of the Act N. 412/2005 Coll., on the Protection of Classified Information (hereinafter "the Act"), and with the content of implementing legal regulations. He/she has been acquainted with duties laid down in S. 65 and S. 66 par. 1 of the Act, in particular with the following:

- a) to comply with imposed obligations in protecting classified information;
- b) to hold classified information in confidence, to which he/she has or had access, unless he/she has been released from this duty by the responsible authority;
- c) to prevent access by unauthorized persons to classified information.

Further he/she has been briefed on all consequences arising from the breach of duties imposed by the Act, in particular on the danger of a criminal prosecution or imposing sanction for committing an administrative infraction.

The person named below:

has been – has not been* briefed on the regulations of the NATO
has been – has not been* briefed on the regulations of the EU
has been – has not been* briefed on the regulations of the WEU

In date

The briefing made by:

Name and surname:

Signature:

Stamp:

The briefed person:

Name and surname:

Date of birth:

Number of the security clearance:

Signature:

*

*

*

Application for issuance of the Personnel Security Clearance

I apply for issuance of the Personnel Security Clearance for:

Name and surname:

Date of birth:

Place of birth:

For the security classification level:

Rationale and justification of the access to classified information:

.....
.....
.....
.....

.....
Signature of the natural person

Confirmation of justification of the necessity to have access to classified information

.....
.....

Responsible person

Identification of the subject:

Name and surname:

Date of birth:

Signature:

Stamp:

or

Provider of classified information:

Identification of the subject:

Name and surname:

Date of birth:

Signature:

Stamp:

In.....date

QUESTIONNAIRE OF THE NATURAL PERSON

In the case of the second or any other application submitted in accordance with the Act N. 412/2005 Coll., on the Protection of Classified Information, only changes will be filled in, as compared to the first application, with the exception of items - Basic identifying data, Permanent residence address and Mailing address

Photography
35 x 45 mm

Basic identifying data

Name	<input type="text"/>		
Surname	<input type="text"/>		
Maiden name; (birth surname)	<input type="text"/>		
Earlier used surnames	<input type="text"/>		
Degree inserted before the name	<input type="text"/>	Degree inserted after the name	<input type="text"/>
Date of birth	<input type="text"/>	Personal number	<input type="text"/>
Place of birth	<input type="text"/>		
Region, district of birth (town district)	<input type="text"/>		
State of birth	<input type="text"/>		
Citizenship status current	<input type="text"/>		
Citizenship status past	<input type="text"/>		
Marital status	<input type="text"/>		
Name of your health insurance company	<input type="text"/>		
Code	<input type="text"/>		

Permanent residence address

Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>		
State	<input type="text"/>		

Address of any other residence where you live or where you lived for a period exceeding 30 days during the past 10 years

Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>		
State	<input type="text"/>		
From	<input type="text"/>	To	<input type="text"/>

Mailing address

Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>	Phone	<input type="text"/>
State	<input type="text"/>		

Identity card/travelling document

Type of document (passport, identity card)	<input type="text"/>		
Number	<input type="text"/>		
Issued by	<input type="text"/>		
Date of issuance	<input type="text"/>	Date of expiry	<input type="text"/>

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Employer

Employer	<input type="text"/>		
Registration number	<input type="text"/>		
Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>	Phone	<input type="text"/>
State	<input type="text"/>		
Post occupied (activities carried out, as applicable)	<input type="text"/>		
Employed from the date	<input type="text"/>		

Names of former employers with the dates of formation and termination of the labour-law relationship or the service relationship

Employer	<input type="text"/>		
Registration number	<input type="text"/>		
Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>	Phone	<input type="text"/>
State	<input type="text"/>		

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Post occupied
(activities carried out,
as applicable)

Employed from
the date

Employed until

Compulsory (non-professional) military service/alternative service

Compulsory (non-professional) military service

Yes No

To be completed in the case of the affirmative answer

Number of military
identity card

Issued by

Military rank achieved

From

To

Termination of liability to military service

Yes No

Reason
for termination

To be completed in the case of the
alternative or civil service

From

To

Business activity within the most recent five years

Yes No

Corporate name

Registration
number

Objects of the
business activity

From

To

Other
statement, if any

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Membership in legal persons bodies within the most recent five years
(e.g. authorized representatives or supervisory boards, etc.)

Yes No

Name of the legal person

Registration number

From To

Body

Other statement, if any

Membership in foundations, associations and beneficiary corporations within the most recent five years

Yes No

Name

Registration number

From To

Position

Property owned

Persons financially dependent on you

Yes No

Name

Surname

Personal number Date of birth

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Type of relationship to you

Community property

Yes No

Regulation of property owned (give more detailed information in the case of the affirmative answer)

Yes No

Finances

(bank accounts, insurances, savings and other financial products)

Yes No

Type

Number

Kept in

Current balance in favour Currency

Investment instruments (according to S. 3 of the Act N. 256/2004 Coll., as amended)

Yes No

Type

ISIN

Other identification of the investment instrument

Assessment of the value on the date of completion of the questionnaire

Currency

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Way of acquisition

Other statement, if any

Annual incomes for the past five years after fulfilment of the tax liability

Year	Amount	Currency	Amount	Currency

Other income than salary

Yes No

Type

Way of acquisition

Amount

Currency

Movable property

(according to the forms, the value of which exceeds 100,000,- CZK in the case of one form, e.g. collection, motor-car, antiques collection, technical products, electronics et.al.)

Yes No

Form

Number of pieces

Total value

Immovable property

Yes No

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Kept in the Land Registry
(in the case of immovable property outside the territory of the CR insert the address)

Description of the immovable property
(e.g. garage, recreation facility, land, wood et. al.)

Way of acquisition

Your self-assessment of the property price Purchase price

Currency

Financial claims

Yes No

Legal grounds

Amount

Currency

Debtor

Other statement, if any

Financial obligations

Yes No

Legal grounds

Amount

Currency

Creditor

Other statement, if any

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Criminal proceedings

(Describe here all criminal proceedings ever conducted against you, regardless of the result of the proceedings or any expungement of the punishment or making good during the probationary period.)

Yes No

Legal specification of the criminal act

Date of commencement of the criminal prosecution Date of termination of the criminal prosecution

The prosecution conducted by: (case number, reference number)

Mode of termination

Detailed statement with respect to the case

Orders to the judgment execution

Yes No

Body that ordered the judgment execution

Type

The year of the order to the judgment execution

Detailed statement

Names and locations of schools after the compulsory school attendance

Name

Community; town

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

State

Stays in foreign countries exceeding 30 days

Yes No

State

Locality

Purpose of the stay

Sending subject, name

From To

Personal, significant contacts not related to employment, with nationals of non-EU or non-NATO nations, with nationals of the Czech Republic living abroad, and with foreign nationals living in the Czech Republic

Yes No

Detailed statement

Contacts and associations with and connections to former and present security services of a foreign power or with or to their intelligence services and with or to institutions outlined in S. 14 par. 3(a) of the Act N. 412/2005 Coll.

(that means bodies of the former State Security aimed at intelligence and counterintelligence activities, including the Military Counterintelligence, the Intelligence Department of the General

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Staff of the Czechoslovak People's Army or the Internal Protection Department of the Correctional Treatment Facility.)

Yes No

Detailed statement

History of narcotics or psychedelic drugs abuse, which are described in the Act regulating the area of habit forming substances and consumption of alcohol

Yes No

Type

Detailed statement

Pathological gambling

Do you indulge in gambling (in the case of the affirmative answer describe in detail)

Yes No

Detailed statement

Narcotics or psychedelic drugs or alcohol abuse treatment and pathological gambling treatment

Yes No

Detailed statement

Listing of previous security clearance procedures

Yes No

CONFIDENTIAL, SECRET, TOP SECRET, Security eligibility.

Result of the procedure Issued Not issued Discontinued

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

State body that conducted the security clearance procedure

Detailed curriculum vitae

Write it as a free essay about you. We recommend to you to abide by the following structure: family, schools and vocational training, start in the period of living independence, partner and family life, employment, leisure activities, mental and physical health. If you are the holder of the valid security clearance limit the content of the curriculum vitae to the period from the submission of the previous application.

Spouse and persons aged 18 or over sharing accommodation

Name	<input type="text"/>		
Surname	<input type="text"/>		
Maiden name (birth surname)	<input type="text"/>		
Earlier used surnames	<input type="text"/>		
Degree inserted before the name	<input type="text"/>	Degree inserted after the surname	<input type="text"/>
Date of birth	<input type="text"/>	Personal number	<input type="text"/>
Place of birth	<input type="text"/>		
Region, district of birth (town district)	<input type="text"/>		
State of birth	<input type="text"/>		
Citizenships current	<input type="text"/>		
Citizenships previous	<input type="text"/>		
Type of relationship with you	<input type="text"/>		
Employer	<input type="text"/>		
Registration number	<input type="text"/>		

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Post occupied
(activities carried out,
as applicable)

Employed from
the date

**Membership of the spouse and persons aged 18 or over, sharing
accommodation, in foundations, associations and beneficiary
corporations within the most recent five years**

Yes No

Name

Registration
number

From To

Function

Minor children

**To be filled in only by applicants requesting the issuance of the personnel
security clearance for the security classification levels SECRET and TOP
SECRET.**

Name

Surname

Maiden name;
(birth surname)

Earlier used
surnames

Date of birth Personal number

Place of birth

Region, district
of birth (town district)

State of birth

I acknowledge that I have completed this document without any false statement or omission of
material facts

Date and signature

Citizenships current

Citizenships previous

Permanent residence address of the minor child

Street

Indication number of the building (or registration number) Street number of the building

Community; town

District; town district

Zip code/postal code

State

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Name of the subject
(the name of the issuing subject)

O S V Ě D Ě N Í

Fyzické osoby

P E R S O N N E L

Security Clearance

Certificate of Security Clearance/Certificat d'habilitation personnelle

ČÍSLO :
Number/Numéro

Name a příjmení

Name and Surname
Nom et prénom

Rodné příjmení

Maiden Name (Birth Surname)
Nom de naissance

Datum narození

Date of Birth
Date de naissance

Rodné číslo

Personal No.
Numéro d'identification personnelle

Místo narození

Place of Birth
Lieu de naissance

Státní občanství

Nationality
Nationalité

Stupeň utajení

Classification Level
Niveau de classification

Datum vydání

Date of Issuance
Date de délivrance

Platnost od

Valid from
Validité à partir de

Platnost do

Date of Expiry
Date d'expiration

Podpis oprávněného zástupce

Signature of the Authorised Representative
Signature du représentant autorisé

Otisk úředního razítka

Official Stamp/Cachet officiel

Application for issuance of the Personnel Security Clearance for a foreign power

I apply for issuance of the Personnel Security Clearance for the foreign power for:

Name, surname and degree:

Date of birth:

Place of birth:

Security classification, for which the person is to be issued with the Personnel Security Clearance for the foreign power:

The number of the issued and valid Personnel Security Clearance and the security classification for which it has been issued:

Justification of the need of the natural person to have access to classified information of the foreign power:

Mailing address:

In date

.....
Signature of the natural person

Application for recognition of a security authorization of the natural person

I apply for recognition of the security authorization of the natural person for:

Name, surname and degree:

Date and place of birth:

Permanent residence address:

State:

Citizenship:

Reason why the security authorization should be recognized:

Required validity period of the recognition:

Mailing address:

Indate

.....
Signature of the natural person

Subject identification
(the name and location of the subject, which is to be security cleared)

Briefing

According to S. 58 par. 5 of the Act N. 412/2005 Coll., on the Protection of Classified Information and Security Capacity

The person named below has been acquainted with his/her rights and responsibilities in the area of protection of classified information. He/she has been acquainted with the content of the Act N. 412/2005 Coll., on the Protection of Classified Information and Security Capacity (hereinafter "the Act") and with the content of implementing regulations. He/she has been acquainted with obligations laid down in S. 65 and S. 66 par. 1 of the Act, in particular with the obligation

- a) to comply with imposed obligations in protecting classified information;
- b) to hold classified information in confidence, to which he/she had or has access, unless he/she has been released from this duty by the responsible authority;
- c) to prevent access by unauthorised persons to classified information.

Further he/she has been briefed on all consequences in the case of a breach of obligations laid down by the Act, in particular on the possibility of the criminal prosecution or imposing a sanction for committing an administrative delict. He/she has also been briefed that the data concerning him/her is recorded by the National Security Authority and may be used as described in the Act.

The briefing has been carried out for the needs of
(the title of the procedure will be stated)
conducted under the number
(file marking of the case will be stated)

In this procedure the briefed person will be authorized to have access to information classified up to and including, namely from the area

In.....date

Briefing conducted by

Briefed person

Name and surname:

Name and surname:

Signature:

Date of birth:

Stamp:

Number of the clearance:

Signature:

Application for issuance of the certificate of security eligibility of the natural person

I apply for issuance of the certificate of security eligibility of the natural person for:

Name and surname:

Date of birth:

Place of birth:

Justification of performance of sensitive activities:

.....
.....
.....
.....

Confirmation of the justification of performance of sensitive activities:

.....
.....

Responsible person

Identification of the subject:

Name and surname:

Signature:

Stamp:

In date

.....
Signature of the natural person

QUESTIONNAIRE

In the case of the second or any other application submitted in accordance with the Act N. 412/2005 Coll., on the Protection of Classified Information, only changes will be filled in, as compared to the first application, with the exception of items - Basic identifying data, Permanent residence address and Mailing address

Basic identifying data

Name	<input type="text"/>		
Surname	<input type="text"/>		
Maiden name; (birth surname)	<input type="text"/>		
Earlier used surnames	<input type="text"/>		
Degree inserted before the name	<input type="text"/>	Degree inserted after the name	<input type="text"/>
Date of birth	<input type="text"/>	Personal number	<input type="text"/>
Place of birth	<input type="text"/>		
Region, district of birth (town district)	<input type="text"/>		
State of birth	<input type="text"/>		
Citizenships status current	<input type="text"/>		
Citizenships status past	<input type="text"/>		
Marital status	<input type="text"/>		
Name of your health insurance company	<input type="text"/>		
Code	<input type="text"/>		

Permanent residence address, including the residence history for the past 10 years

Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>		
State	<input type="text"/>		

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Mailing address

Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>	Phone	<input type="text"/>
State	<input type="text"/>		

Identity card/travelling document

Type of document (passport, identity card)	<input type="text"/>		
Number	<input type="text"/>		
Issued by	<input type="text"/>		
Date of issuance	<input type="text"/>	Date of expiry	<input type="text"/>

Employer

Employer	<input type="text"/>		
Registration number	<input type="text"/>		
Street	<input type="text"/>		
Indication number of the building (or registration number)	<input type="text"/>	Street number of the building	<input type="text"/>
Community; town	<input type="text"/>		
Region, district	<input type="text"/>		
Zip code/postal code	<input type="text"/>	Phone	<input type="text"/>
State	<input type="text"/>		

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Post occupied
(activities carried out,
as applicable)

Employed from
the date

**Names of previous employers for the past 10 years with the dates of formation
of and termination of employment relationships or service relationships**

Employer

Registration
number

Street

Indication number
of the building
(or registration number)

Street number
of the building

Community; town

Region, district

Zip code/postal code

Phone

State

Post occupied
(activities carried out,
as applicable)

Employed from
the date

Employed until

Compulsory (non-professional) military service or alternative service

Compulsory military service

Yes No

In the case of the affirmative answer

Number of the military
identity card

Issued by

Military rank
achieved

I acknowledge that I have completed this document without any false statement or omission of
material facts

Date and signature

From To

Termination of liability to military service

Yes No

Reason for termination

To be completed in the case of the alternative or civil service From To

Business activity within the most recent 10 years

Yes No

Corporate name

Registration number

Objects of business activity

From To

Other statement, if any

Property owned

Finances
(bank accounts)

Type

Number

Kept in

Current balance in favour Currency

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Annual incomes for the past five years after the fulfilment of the tax liability

Year	Amount	Currency	Amount	Currency

Other income than salary

Yes No

Type

Way of acquisition

Amount

Currency

Immovable property

Yes No

Kept in the Land Registry
(in the case of immovable property outside the territory of the CR insert the address)

Description of the immovable property
(e.g. garage, recreation facility, land, wood, flat, etc.)

Way of acquisition

Your self-assessment of the property price

Purchase price

Currency

Financial claims

Yes No

Legal grounds

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Amount	<input type="text"/>
Debtor	<input type="text"/>
Other statement, if any	<input type="text"/>

Financial obligations

Yes No

Legal grounds	<input type="text"/>
Amount	<input type="text"/>
Creditor	<input type="text"/>
Other statement, if any	<input type="text"/>

Criminal proceedings

(Describe here all criminal proceedings conducted against you during the most recent 10 years, regardless of the result of the proceedings or any expungement of the punishment or making good during the probationary period.)

Yes No

Legal specification of the criminal act	<input type="text"/>	
Date of commencement of the criminal prosecution	<input type="text"/>	Date of termination of the criminal prosecution <input type="text"/>
The prosecution conducted by (case number, reference number)	<input type="text"/>	
Mode of termination	<input type="text"/>	
Detailed statement with respect to the case	<input type="text"/>	

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

Orders to the judgment execution within the most recent 10 years

Yes No

Body that ordered the judgment execution

Type

The date of the order of the judgment execution

Detailed statement

Personal, significant contacts not related to employment, with nationals of non-EU or non-NATO nations, with nationals of the Czech Republic living abroad, and with foreign nationals living in the Czech Republic

Yes No

Detailed statement

Contacts and associations with and connections to the former and present security services of a foreign power or with or to their intelligence services and with or to institutions outlined in S. 14 par. 3(a) of the Act N. 412/2005 Coll., during the most recent 10 years

Yes No

Detailed statement

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

History of narcotics or psychedelic drugs abuse, which are described in the Act regulating the area of habit forming substances and consumption of alcohol during the most recent 10 years

Yes No

Type

Detailed statement

Pathological gambling

Do you indulge in gambling (in the case of the affirmative answer describe in detail)

Yes No

Detailed statement

Narcotics or psychedelic drugs or alcohol abuse treatment and pathological gambling treatment during the most recent 10 years

Yes No

Detailed statement

Detailed curriculum vitae

Write it as a free essay about you. We recommend to you to abide by the following structure: family, schools and vocational training, start in the period of living independence, partner and family life, employment, leisure activities, mental and physical health. If you are the holder of the valid certificate limit the content of the curriculum vitae to the period from the submission of the previous application.

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature

NATIONAL SECURITY AUTHORITY

P.O. Box 49
150 06 Praha 56

CERTIFICATE

of security eligibility of the natural person

NUMBER:

Name and surname

Maiden name (birth surname)

Date of birth

Personal number

Place and State of birth

Citizenship

Date of issuance

Valid from

Date of expiry

**Signature
of the authorised representative
of the National Security Authority**

**Stamp
of the National Security Authority**

-

I acknowledge that I have completed this document without any false statement or omission of material facts

Date and signature