Application for authorisation to operate as a non-performing credit servicer receiving funds from a borrower

pursuant to Act No. XXX/2024 Coll., on the non-performing credit market

I. ADMINISTRATIVE AUTHORITY

1. Name and address of the administrative authority to which the application is addressed

. Name and address of the administrative authority to which the application is addressed		
Name of the	Czech National Bank	
administrative authority		
Address	Na Příkopě 28, Prague 1, postcode 115 03	
Mailroom Senovážná 3, Prague 1, postcode 115 03		
Electronic mailroom	Data box ID: 8tgaiej	
	podatelna@cnb.cz	

II. APPLICANT

2. Identification of the applicant

Business name or name	
Business ID number	
Address of the registered office in the	
form	
municipality, municipal district, street,	
indication number, street number, street	
letter, postcode, country, data box ID	

3. List of members of the applicant's board of directors, statutory body, supervisory body or other similar body, list of persons with qualifying holdings

First name(s) and surname	Function performed	Indication of whether a person listed in column 1 is a representative: — of a person with a qualifying holding, — of a non-performing credit servicer, or — of a non-performing credit servicer — receiving funds from a borrower

		III.	
		111.	
	NAT	TURE OF THE APPLICATIO)N
4. Indicati	on of whether it is for:	a new licence or an extension	of an existing licence
	new licence		
receiving f	extension of an ex unds from a borrower	isting licence to operate as a	non-performing credit servicer
		IV.	
		BUSINESS ACTIVITY	
5. Indicat	ion of the business acti	vity:	
	non norforming gradit	comviour	
	non-performing credit	servicer	
	non-performing credit	servicer receiving funds from a	borrower
		V.	
		LIST OF APPENDICES	
regulat	tion (e.g. authorization	to represent); each appendix A Organizational chart, 1B (or pursuant to another legal x must be listed on a separate Contracts and draft contracts,
App.	Name of appendix		Number of
No.			pages
	1		

VI. **DECLARATION**

I declare that the information provided in the application, the paper documents and the documents attached to the application is true, current and complete.

$$\operatorname{VII}$.$ OTHER INFORMATION RELATED TO THE SUBMISSION OF THE APPLICATION

7. Identification of a person authorised to act on behalf of the applicant^{b)}

Function	• • • • • • • • • • • • • • • • • • • •
Name(s) and surname/Business name or name ^{c)}	
Date of birth/Business ID number	
Address/registered office in the	
form	
municipality, municipal district,	
street, indication number, street number, street letter, postcode,	
country, data box ID	
Contact address ^{d)} , if different from	
the address given above, in the	
form	
municipality, municipal district,	
street, indication number, street	
number, street letter, postcode,	
country, data box ID	

8. Identification of the person representing the applicant – if the applicant is represented on the basis of power of attorney

Details of the representative ^{e/}	
First name(s) and surname /	
business name or name ^{c/}	
Date of birth/Business ID number	
Address/registered office in the	
form	
municipality, municipal district, street,	
indication number, street number,	
street letter, postcode, country, data	
box ID	

Contact address ^d , the address given a municipality, munic indication number street letter, postcod	above, in the form cipal district, street, c, street number,		
necessary	~ ~	·	e resolution of a potential problem, if
Place	Date		Name and surname of the applicant/person acting for the applicant and signature

a) Regulation No. XXX/2024 Coll., implementing the Non-Performing Credit Market Act

b) Section 30(1) of the Administrative Procedure Code in conjunction with Section 21 of the Civil Procedure Code. c) A legal person must also indicate the person acting on its behalf. d) Address for delivery pursuant to Section 19(4) of the Administrative Procedure Code.

e) For example, a lawyer, notary, general representative.