Application for a one-time allowance for a child in the event of termination of

Complete the details in the application in block letters and mark the corresponding information as follows ⊠

A. *Data on the child – eligible person*

Name

Surname

Nationality

Date of birth

Personal ID ▢▢▢▢▢▢ **/** ▢▢▢▢

Until reaching the age of majority, the entitled person was entrusted with substitute care to the citizen

listed in part B. of this application by the court

decision in

number

of

valid from

B. *Data on the citizen to whom the entitled person was entrusted with substitute care*

Name

Surname

Nationality

Date of birth

Personal ID ▢▢▢▢▢▢ **/** ▢▢▢▢

Permanent address in Slovakia

Street

number

Postal code ▢▢▢▢▢

City

Form of substitute care

☐ Substitute personal care

☐ Foster care

☐ Guardianship

C. *Method of payment*

To bank account in Slovakia

Account number ▢▢▢▢▢▢▢▢▢▢

Bank code ▢▢▢▢

IBAN

If the account is not specified, the contribution is paid in cash to the address of permanent residence
in Slovakia/temporary residence in Slovakia*.

*cross out as appropriate

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| **D.** | *Declaration of the applicant* |

I declare that all the information provided in this application is true and I am aware of the legal consequences of providing false information. I am aware that I am obliged to return the wrongly received amount of one-time allowance for the child upon termination of substitute care.

Information for the applicant

The Office of Labour, Social Affairs and Family - ID No. 30794536 - processes your personal data (including personal data of jointly assessed persons) pursuant to Act No. 627/2005 Coll. on Contributions to Support Substitute Child Care, as amended, and further provides the above personal data to public authorities. In case of any doubts, problems, questions related to the protection of personal data, you can contact the email address: **ochranaosobnychudajov@upsvr.gov.sk.**

In [　　　　　] dated [　　　　　] Signature of the entitled person _____

| **E.** | *Data correctness checked against the original copy by* |

Date of check [　　　　　　]

Name and surname [　　　　　　] Signature of the employee _____

For the purpose of comparing the data provided in the application, the applicant shall submit:
  ➢ identity card (identification card).

The applicant shall provide the following data from the last court decision, by which the court decided to **entrust the child** to the care replacing parental care *(this only applies if no repeated allowance was provided to the child):*

ECLI code (indicated in the court decision): .... 　　**OR**

File number of the court decision: ...., Date of the court decision.....................

Name of the court: ....