Application for a special repeated allowance to a surrogate parent

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

A. Data on the surrogate parent – eligible person												
urname		Nationality										
	Personal ID		/									
Permanent address in Slovakia												
numb												
B. Data on the child(ren) for whom the surrogate parent is claiming a special repeated allowance												
1	2	3	4									
Family relationship of the surrogate parent to the entrusted child												
Form of substitute care												
Placement of the child in substitute care												
	e parent to the entr	Personal ID	Personal ID									

C. Method of paymen	ıt																		
To bank account in Slo	vakia		Account number										Banl	k cod	e	\prod			
			IBAN																
If the account is not sp in Slovakia/temporary					ll be p	paid	in c	ash	to 1	the	add	ress	of p	ermai	nen	t res	side	nce	
*cross out as appropriate																			
D. Declaration of the	applica	nt																	
I declare that all data in this within 8 days of any change repeated allowance), its amount allowances to support substractions are special repeated allowance. I am aware of the legal coobligation.	or the dount and itute care	ecisive payme for a	fact that ent, in acc child. I a	t affect cordan m awa	s the ce wit re tha	righ th th at I a	t to the property	repea ovision blige	atec ons d to	d allo	owai Secti turn	nce ion 1 the	to the 15 of a wrong	surro Act No Ily rec	ogato o. 6 ceive	e pa 27/2 ed a	arent 2005 mou	(spe Coll nt of	ecial I. on f the
Information for the applica The Office of Labour, Social jointly assessed persons) pu and further provides the abo protection of personal data, y ochranaosobnychudajov@	Affairs a rsuant to ve perso ou can c	Act Nonal date ontact ov.sk.	o. 627/20 ta to pub	05 Collic auth	II. on (noritie ss:	Cont s. In	tribut cas	tions e of	to S any	Sup / do	port ubts	Sub	stitute	Child	d Ca	are, a	as a	men	ded,
In		date			Sign		re o	f the	en	title	d							_	
E. Data correctness of	checked	l agair	nst the c	origina	al coj	py b	y												
Date of check																			
Name and surname								natu love		of the	е							_	
For the purpose of compa identity card (identifice The applicant shall attack opinion of the Office disability (original an	cation can the following of Labou	ard). Iowin g ur, Soc	g docun	nents	and (con	firm	atio	ns	to 1	the	арр	licati	on			evei	·e	
> If the court has legal decided to entrust the data from the last court has legal to	e child to	o the c	are of o															ng	
ECLI code (indicate	ed in t	he cour	t deci	sion)):								<u>c</u>	<u> </u>				
File number	-				•														
Name of the																			

Based on the above, the applicant shall not submit a copy of the court decision.