



## Registration Form to OK Plus Loyalty Program for Individuals between 3 and 17 Years of Age

| Personal Data  |    |  |     |  |      |  |
|--|----|--|-----|--|------|--|
| Title*:  | Mr |  | Mrs |  | Miss |  |
| First Name*:   |    |  |     |  |      |  |
| Last Name*:  |    |  |     |  |      |  |
| Date of Birth*:  |    |  |     |  |      |  |
| Home Address:  |    |  |     |  |      |  |
| Street:  |    |  |     |  |      |  |
| City:  |    |  |     |  |      |  |
| Postal Code:   |    |  |     |  |      |  |
| Country:   |    |  |     |  |      |  |
| Contact Data   |    |  |     |  |      |  |
| E-mail*:   |    |  |     |  |      |  |
| Phone:   |    |  |     |  |      |  |
| PIN for OK Plus Service Centre (used to verify identity, for instance when booking redemption tickets)*: |    |  |     |  |      |  |

\*These data are mandatory.

## Declaration:

By means of my signature, I confirm acceptance of the General Conditions of OK Plus loyalty program and provide my personal data for the purpose of receiving benefits resulting from the membership in OK Plus loyalty program.

General Conditions of OK Plus loyalty program are published on <a href="https://okplus.csa.cz/en/general-rules/">https://okplus.csa.cz/en/general-rules/</a>

All information regarding personal data protection in Czech Airlines j.s.c. are published on <a href="https://www.csa.cz/cz-en/privacy-statement/">https://www.csa.cz/cz-en/privacy-statement/</a>

In....., on .....

.....





## Consent of the Statutory (or Court-Appointed) Representative

In compliance with the European Parliament and Council (EU) Regulation 2016/679 on personal data protection, I express my consent with the conditions of membership of the person represented by the undersigned in OK Plus loyalty program. I take proper note of the fact that, by means of this consent, the agreement on OK Plus membership is concluded or amended in favour of the person represented by the undersigned.

| First Name*:                       |  |
|------------------------------------|--|
| Last Name*:                        |  |
| E-mail*:                           |  |
| Passport or identity card number*: |  |

\*These data are mandatory.

In....., on .....

Signature of the statutory representative