

To be filled in by the Provider

Acceptance Date: _____ Annex to Contract No.: _____

Processing of Personal, Identification, Operating and Localization Data

Specification
Please fill in legibly and mark with a cross as required also in case of amendment.

1. CONTRACTING PARTIES

Provider

Company Name: Telefónica O2 Czech Republic, a.s.,
based at Za Brumlovkou 266/2, 140 22 Praha 4 – Michle
Company ID No.: 60193336
Tax ID No.: CZ60193336
recorded in the Trade Register of the Metropolitan Court in Prague, Section B,
Entry 2322

Customer

Name, Surname, Academic Title
of Natural Person / Company Name:
Payer's Reference Number
(if you are our Customer already):

Birth Number / Company
ID No. *(if assigned):*

2. PUBLICATION IN THE TELEPHONE DIRECTORY

- I give consent to publication of my personal, or identification, data in the public telephone directory YES
 NO
- In the public telephone directory, I require my data to be published with a note that I do not wish to be contacted for marketing purposes *(only if is conferment previous consent to publication)* YES
 NO

3. SERVICE OF PROVISION OF MARKETING INFORMATION, INDIVIDUAL PURPOSES OF PROCESSING OF PERSONAL, IDENTIFICATION, OPERATING AND LOCALISATION DATA

I agree to processing of my personal, identification, operating and localization data for the purposes of the service Provision of marketing information, in the extent of the purposes specified below:

- Marketing of Services, including the possibility to process the data for the purposes of marketing-related addressing of the payer, if not identical with the Subscriber YES
 NO
- Provision of value-added services, if applicable according to the specific type of service, to the extent and for the period as per the relevant Specification YES
 NO
- Publication of Subscriber's data for another purpose of the public telephone directory than for looking up detailed contact data of a person based on his/her name, or possibly a minimum of further identification elements YES
 NO
- Use of details of Subscriber's electronic contact data, communicated by the Subscriber, or assigned to the subscriber by the Provider, for the purposes of spreading of business messages, including telemarketing YES
 NO
- Use of automatic calling systems without intervention by operator for the purpose of direct marketing YES
 NO

4. CUSTOMER'S SIGNATURE

On behalf of the Customer

In _____ on _____

Name and Surname

Signature and Stamp (company name)

Business representative's identification data – to be filled in by the business representative of Provider before dispatch for further processing (for internal use only).

Name:	Telephone:	Segment / Sales Department /	Siebel ID:
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