

Annex 1
to the Protocol on the implementation of the Agreement between the
Government of the Republic of Uzbekistan and the Government of the
Czech Republic on Readmission and Transit of Persons

(Emblem of)

.....
..... (Place and date)
.....
(Designation of the competent
authority of the Requesting Party)

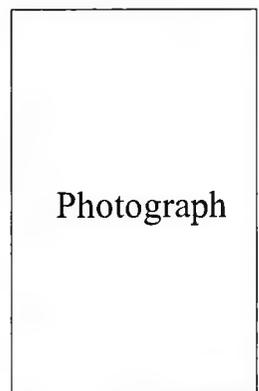
Reference:
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To
.....
.....
.....
(Designation of the competent
authority of the Requested Party)

READMISSION APPLICATION
in accordance with Article 5 of the Agreement between the Government
of the Republic of Uzbekistan and the Government of the Czech
Republic on Readmission and Transit of Persons

A. PERSONAL DETAILS

1. Full name (underline surname):
.....
2. Maiden name/name at birth:
.....
3. Date and place of birth:
.....



4. Address of residence in the state of origin or permanent residence:

.....

5. Nationality and language:

.....

6. Civil status: married single divorced widowed

7. Sex and physical description (height, colour of eyes, distinguishing marks etc.):

.....

8. Also known as (earlier names, other names used/by which known or aliases):

.....

If married: name of spouse

.....

Names and age of children (if any)

.....

.....

.....

9. Last address in the Requesting State:

.....

B. PERSONAL DETAILS OF ACCOMPANYING SPOUSE

1. Full name (underline surname):

.....

2. Maiden name/name at birth:

.....

3. Date and place of birth:

.....

4. Sex and physical description (height, colour of eyes, distinguishing marks etc.):

.....

5. Also known as (earlier names, other names used/by which known or aliases):

.....

6. Nationality and language:

.....

C. PERSONAL DETAILS OF ACCOMPANYING CHILDREN

1. Full name (underline surname):

.....

2. Date and place of birth:

.....

3. Sex and physical description (height, colour of eyes, distinguishing marks etc.):

.....

4. Nationality and language:

.....

D. MEANS OF EVIDENCE ATTACHED

1.....
(Passport No.) (date and place of issue)

.....
(issuing authority) (expiry date)

2.....
(Identity card No.) (date and place of issue)

.....
(issuing authority) (expiry date)

3.....
(Driving license No.) (date and place of issue)

.....
(issuing authority) (expiry date)

4.....
(Other official document No.) (date and place of issue)

.....
(issuing authority) (expiry date)

E. SPECIAL CIRCUMSTANCES RELATING TO THE TRANSFEREE

1. State of health
(e.g. possible reference to special medical care; Latin name of disease):

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2. Indication of particularly dangerous person
(e.g. aggressive behavior):

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F. OBSERVATIONS

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(Signature of the competent authority of the Requesting Party) (stamp)