

**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:  
.....

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:

.....

Photograph

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):  
.....

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

.....

**F. OBSERVATIONS**

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