



University of
Hradec Králové
Faculty of Informatics
and Management

Name and surname of the applicant during his/her studies:

Current name and surname of the applicant:

Date of birth:

Place of birth:

Postage address:.....

..... Phone:

Field of study:

Form of study: Type of study: Bachelor - Master - Doctoral

REQUEST for Issuance

(Tick the appropriate box)

- ☐ **Duplicate diploma** (fee of CZK 1,000)
- ☐ **Additional diploma supplement** (fee of CZK 1,000)

The reason of the request:

I have just made the payment by bank transfer to the bank account of the Faculty of Informatics and Management, University of Hradec Králové. **2733582/0800**, variable symbol **12990**.

Account number of the payer (applicant):

Form of handing over the prepared document/documents: Delivery by post – the delivery costs will be covered by the applicant.

.....
Date

.....
Applicant's signature