

Application for ECAHO - Handler Permit

Please fill in with using BLOCK LETTERS and return the duly signed to:

ECAHO Office, Zuzana Slavíková, Na Blatech 242, CZ-27711 Libis, Czech Republic tel.: +420 602 876 396, e-mal: zuzana.slavíkova@ecaho.org

Name(s)	Surname	
Contact address		
Zip code	Town	
Country		
e-mail:	phone:	
I request (please tick)	k):	
() YEARLY HANDI	DLER'S PERMISSION = 20,- Eur (valid 1.1.2021 – 31.12.2021)	
() LIFETIME HANI	NDLER'S PERMISSION = 100,- Eur	
() CHANGE OF MY	Y INVALID PERMIT (issued before 31.12.2012) No =	15,- Eur
of ECAHO. I, the undersigned application and all application and all application and all application.	plicant for an ECAHO Handler Permit, agree that delivery of this authorization is sub- plicant for an ECAHO Handler Permit, herewith explicitly agree to accept the ECAl oplicable rules, regulations and decisions of ECAHO. plicant for the ECAHO Handler Permit, herewith agree to the Privacy Policy as pub	HO constitution and
I, the undersigned ap	applicant (please tick the appropriate):	
I AGREE	with publishing of my contact details (address, telephone/fax, e-mail) on the website of ECAHO – www.ecaho.org. I can withdraw my agreement any time in the future by sending written request to ECAHO Office.	
I DISAGREE	with publishing of my contact details (address, telephone/fax, e-mail) on the we www.ecaho.org. Only my name will be published. For future agreement new a filled in and undersigned (no additional fees are required).	
Place & date:	Signature:	-
INSTRUCTIONS • Please send a d	digital photo (passport size) by e-mail only to office@ecaho.org	

- After receipt of your application form, you will receive an invoice over the chosen amount, payment details will be given on invoice (payment methods bank transfer or
- Once the application, photo and payment have been received, you will be included in the list of handlers holding a permit and you will receive the printed permission.
- In case of loss of the issuing will be charged 10 EUR per permission.