

REQUEST FOR ASSIGNMENT OF THE SUBSTITUTE IDENTIFIER (NID)

(Service ev103/85103)

Participant's code	
ID No.	

Identifier for state authorities *	
Surname or business name	
First name or business name (continuation)	
Address - street and number	
Address - town	
Postcode	
Country	
Country code	

* Company's identification number, birth certificate number or birth date in format yyyy.mm.dd

For the assigned NID is necessary to insert a new person into the person register via the service ev101.

Date:

Signature of participant's authorized person

Existing client with NID**		Assigned NID	
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** Not insert a record of the client into the person register only verify the details via the service dl301.

Date:

Signature of CSD's authorized person