

FORM  
DECLARATION REGARDING REAL BENEFICIARIES

1. Organization

1.1. Organization Details



Name	Air Navigation Services of the Czech Republic (ANS CR)
Name (Latin script)	Air Navigation Services of the Czech Republic (ANS CR)
State Registration Number	49710371
Date of Registration (Day, Month, Year)	January 1, 1995
Registration Address	Navigacni 787, 252 61 Jenec, Czech Republic
State of Registration	Czech Republic
Executive Body Head's Name and Surname	Jan Klas, Director General

1.2. Person Submitting the Declaration

Name and Surname of the Person Submitting the Declaration	Radovan Okenka
Position of the Person Submitting the Declaration	Executive Director, Finance Unit

1.3. Submission of the Declaration

Date of Declaration Signature (Day, Month, Year)	11/11/2024
Number of Declaration Pages	8

Signature of the Person Submitting the Declaration		 <b>Air Navigation Services of the Czech Republic (ANS CR)</b> Navigacni 787 252 61 Jenec Czech Republic VAT: CZ699004742
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## 2. Share Listing Data

### 2.1. Share Listing Data

Stock Exchange Name	-----
Link to Documents Available on the Exchange	-----

### 2.2. Controlling Legal Entity Data

Name	-----
Name (Latin script)	-----
State Registration Number	-----
Date of Registration (Day, Month, Year)	-----
Registration Address	-----
State of Registration	-----
Executive Body Head's Name and Surname	-----

### 2.3. Level of Control

Participation Percentage (%)	-----
Type of Participation	<input type="checkbox"/> Direct Participation <input type="checkbox"/> Indirect Participation

## 3. Participation of the State, Community, or International Organization

### 3.1. Participation of the State or Community

Name of the State	Czech Republic
Name of the Community	-----
Participation Percentage (%)	100
Type of Participation	<input checked="" type="checkbox"/> Direct Participation <input type="checkbox"/> Indirect Participation

### *3.2. Participation of the International Organization*

Name of the International Organization	-----
3.2.1. Name of the International Organization	-----
Participation Percentage (%)	-----
Type of Participation	<input type="checkbox"/> Direct Participation <input type="checkbox"/> Indirect Participation

## **4. Real Beneficiary Data**

### *4.1. Identity Verification Data*

Name	-----
Surname	-----
4.1.1. Name	-----
4.1.2. Surname	-----
Citizenship	-----



Date of Birth (Day, Month, Year)	-----
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4.2. Identity Document

Document Type	-----
Document Number	-----
Issuance Date (Day, Month, Year)	-----
Issuing Authority	-----
Tax Identification Number or Equivalent	-----

4.3. Registration Address of the Person

Country	-----
Community	-----
Administrative Unit	-----
Street Name, Building (House), Apartment	-----

4.4. Residential Address of the Person

Country	-----
Community	-----
Administrative Unit	-----
Street Name, Building (House), Apartment	-----

*4.5. Basis for Being a Real Beneficiary (excluding reporting organizations in the extractive sector)*

<input type="checkbox"/> a. Directly or indirectly owns 20% or more of the shares (stocks, equity) with voting rights in the given legal entity or has direct or indirect participation of 20% or more in the statutory capital of the legal entity	
Participation Percentage (%)	
Type of Participation	<input type="checkbox"/> Direct Participation <input type="checkbox"/> Indirect Participation
<input type="checkbox"/> b. Exercises actual (factual) control over the given legal entity by other means	
<input type="checkbox"/> c. Serves as an official managing the general or current activities of the given legal entity in cases where no individual meets the criteria outlined in points “a” and “b”	

*4.6. Basis for Being a Real Beneficiary (for reporting organizations in the extractive sector)*

<input type="checkbox"/> a. Directly or indirectly owns 10% or more of the shares (stocks, equity) with voting rights in the given legal entity or has direct or indirect participation of 10% or more in the statutory capital of the legal entity	
Participation Percentage (%)	
Type of Participation	<input type="checkbox"/> Direct Participation <input type="checkbox"/> Indirect Participation
<input type="checkbox"/> b. Has the right to appoint or remove the majority of the members of the management bodies of the legal entity	
<input type="checkbox"/> c. Has received at least 15% of the profits of the given legal entity in the preceding year of the reporting period, without compensation	

d. Exercises actual (factual) control over the given legal entity by other means

e. Serves as an official managing the general or current activities of the given legal entity in cases where no individual meets the criteria outlined in points “a” - “d”

#### 4.7. Information Regarding the Status of the Real Beneficiary

4.7.1. Date of Becoming a Real Beneficiary (Day, Month, Year)	-----
4.7.2. Exercise of Control over the Organization	<input type="checkbox"/> Individual <input type="checkbox"/> Jointly with Related Persons
4.7.3. The Real Beneficiary of the Reporting Organization in the Extractive Sector is an Official or a Family Member of an Official	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 4.8. Real Beneficiary Contact Information

Email Address	-----
Phone Number	-----

## 5. Intermediary Legal Entities

### 5.1. Organization Details

Name	-----
Name (Latin script)	-----
State Registration Number	-----
Date of Registration (Day, Month, Year)	-----
Registration Address	-----
State of Registration	-----
Executive Body Head's Name and Surname	-----

### 5.2. Real Beneficiary Data

5.2.1. Name(s) and Surname(s) of the Real Beneficiary(ies) for whom the organization serves as an intermediary legal entity	-----
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### 5.3. Listing Data of Shares of the Intermediary Legal Entity

Stock Exchange Name	-----
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Link to Documents  
Available on the Exchange

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**6. Additional Notes**

Additional Information or Clarifications Related to the Data Filled in the Declaration