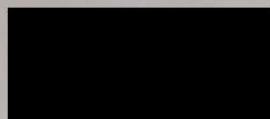


Contract Number: [REDACTED]

Sent Date: 18.05.2021



Applicant

WPTD Office s.r.o.  
Varšavská 715/36  
120 00 Praha 2  
Czech Republic

Tax number: 09342311

Provider

REGISTRATION DETAILS

Title:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Publication Type:

[REDACTED]

Publication Number: [REDACTED]

Application Number: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

26.07.2018

Registration Fee for [REDACTED]

2 109,00 EUR

Processing Fee

25,00 EUR

**Total Registration Fee**

**2 134,00 EUR**

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**Sign the document within 14 days** and send it back by e-mail to **office@wptd.org**  
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Applicant

Date

Full name

Signature

Provider

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