

Form for investigating identity theft and case of mistaken identity



EOS KSI Slovensko, s.r.o.
Apollo NIVY, Prievozská 2
821 09 Bratislava – Ružinov District

Date:

I am hereby submitting the following information to **EOS KSI Slovensko, s.r.o.**, with a request that the matter be investigated. I am under no obligation to provide any further information. All information is provided voluntarily.

I have already been a victim of identity theft in a process managed by
EOS KSI Slovensko, s.r.o.:

☐

Yes

☐

No

Your personal case number (referred to as “CEID”):

Personal information

First name:

Last name, or maiden name (if applicable):

Date of birth:

Current address

Street and house number:

ZIP code and city:

Previous address

Street and house number:

ZIP code and city:

Place, date:

Signature:

(To sign digitally, you can also use the Acrobat “Fill & Sign” function.)

Please send us the completed form as soon as possible to the following address:

By email:

staznosti@eos-ksi.sk

By post:

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