

## Request to perform corrections and changes

Dear Madam/Sir,

With aim to assess and solve your request as soon as possible it is necessary to approve your identity from the side of NCZI. Approving identity is justified by need of appropriate security, to prevent your personal data from unauthorised person.

We ask you for understanding, as the provision of protected information to unauthorised person may represent breaking of personal data protection.

Most suitable form of approving your identity and submitting document of your request, subject to correction/addition/creation, is to visit personally the site of NCZI.

We recommend to insert scan/photocopy (vaccination certificate, personal identity card, travel passport, etc. into the form (<https://www.npz.sk/sites/npz/NzpBasePages/kontaktny-formular.aspx>). We also accept delivering documents or applications by means of UPVS [www.slovensko.sk](http://www.slovensko.sk), eventually to sign the document with qualified electronic signature (KEP), and applications with signature approved by a notary / civil registry.

You have the choice to select your way of approving identity for the purpose of rapid settlement.

## Request to perform corrections and changes

Name:	<input type="text"/>	Mail:	<input type="text"/>
Surname:	<input type="text"/>	Birth number:	<input type="text"/>
Telephone:	<input type="text"/>	COVID-19-PASS:	<input type="text"/>

### Request:

<input type="checkbox"/> COVID-19-PASS	<input type="checkbox"/> 2nd dose missing	<input type="checkbox"/> Cert. on recovery*
<input type="checkbox"/> Tel. number change	<input type="checkbox"/> Error in certificate*	<input type="checkbox"/> Vaccination lottery
<input type="checkbox"/> e-mail addr. change	<input type="checkbox"/> Vacc. date change	<input type="checkbox"/> Other
<input type="checkbox"/> Name change	<input type="checkbox"/> Testing date change	
<input type="checkbox"/> 1st dose missing	<input type="checkbox"/> Unable to generate	

**\*EU Digital Covid pass**

### Vaccination:\*\*

1. dose:	<input type="text"/>
2. dose:	<input type="text"/>

**\*\* Please state the date of vaccination, precise name of vaccination site and vaccine type.**

### Issue description:

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I noted the Information on processing of personal data of persons interested in examination of COVID-19.  
Link: [https://covidforms.nczisk.sk/covid-19-patient-form\\_ag.php](https://covidforms.nczisk.sk/covid-19-patient-form_ag.php)

Date:

*The applicant consents with processing of his personal data.*

**Send the completed request to e-mail address: [nczisk@nczisk.sk](mailto:nczisk@nczisk.sk)**