

**ATTACHMENT 1  
TO THE ACCOMMODATION CONTRACT, AND TRANSFER PROTOCOL FOR THE ROOM**

**CHARLES UNIVERSITY IN PRAGUE  
DORMITORIES AND REFECTORIES**

Voršilská 144/1, 116 43 Praha 1

**Represented by: Ing. Jiří Macoun, director of Dormitories and Refectories**

IČO: 00216208

**(hereinafter "provider")**

**and**

Mr./Mrs            **first and last name, including academic degree**

.....

Birth No..... ID card No.....

*(Note.: foreign citizens will state their date of birth and passport number)*

**(hereinafter "user")**

**agreed in ..... on the day ..... on this attachment:**

1. According to the Accommodation contract, signed on ....., the provider provided the user with

**accommodation in the dormitory: ..... room No.....**

2. **Electronic address**, stated by the user for the communication with the provider and the accommodation system, is:

.....

3. The user agrees to immediately report the change of his e-mail in the accommodation office of the dormitory, provided this e-mail was used for communication with the provider and the accommodation system.

**TRANSFER PROTOCOL**

The user confirms that the room as defined above, in which the user was accommodated, is in the following conditions:

**a)** Faultless (i.e. clean, with no damages in the facilities and devices) <sup>x)</sup>

**b)** With the following faults: <sup>x)</sup> .....

.....

.....

**The user confirms to have received the following items from the provider:**

Key ..... pcs

Dormitory card            1 pcs

Bedclothes: blanket..... pcs, pillow..... pcs

Bedcovering: sheet..... pcs, blanket slip..... pcs, pillow slip..... pcs

Other items: see the local inventory list in the room.

Other: .....

In case of a loss or damage to any of aforementioned items, the user agrees to refund the provider the incurred cost in the amount required by the provider; the amount will be set in accordance with the relevant provisions of Act No. 89/2012 Coll., Civil Code.

In ..... Date .....

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<sup>x)</sup> strike what doesn't apply

.....  
**The user**

.....  
**The provider**