

**[Translation of]AGENT'S DECLARATION FOR TAX AND INSURANCE PURPOSES
– POLISH RESIDENTS**

AGENT'S PERSONAL DATA

1. Surname: 4. First name:
2. Mother's first name: 5. Father's first name:
3. PESEL (Citizen ID No.):

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REGISTERED ADDRESS:

1. Place: 2. Street:
3. House number: 4. Flat no.:
5. Postcode: 6. Post office:

USUAL ADDRESS (for tax purposes):

1. Place: 2. Street:
3. House number: 4. Flat no.:
5. Postcode: 6. Post office:

OTHER DETAILS:

1. NFZ (National Health Fund) Branch:
2. Tax Office having jurisdiction for income tax purposes:

AGENT'S DECLARATION FOR INSURANCE PURPOSES:

I hereby declare that:

1. I am an employee of the University of Warsaw engaged under a contract of employment or appointment.
2. I am on*:

- unpaid leave**
 maternity leave
 parental leave
 child care leave

in the period between and

3. I am employed outside the University of Warsaw:
(employer's name and address, position)

in the period between and under a contract of
employment or appointment, and under this employment I receive the monthly gross remuneration **below/equal to or exceeding***:
the minimum salary for work, subject to national insurance contributions.

4. I provide services under a mandate contract:
(Principal's name and address)

in the period between and, and for this contract I receive
the gross monthly remuneration **below/equal to or exceeding*** the minimum salary for work, subject to national insurance
contributions.

5. I am unemployed.

6. I am*:
 a primary/secondary school student
 a student of first-, second- or long-cycle master's degree studies

below the age of 26. I attach a certificate confirming my **student** status to this declaration.

7. I am a PhD student.

8. I am on*:

- old-age pension**
- disability pension**

9. I am engaged in an economic activity and, therefore, I pay national insurance contributions in line with*:

- general principles**
- preferential principles**

I declare that the subject matter of the contract is*:

- included**
- not included**

in the scope of my economic activity. For the work included in the contract, I issue a bill/VAT invoice:

- yes**
- no**

To be submitted if declaration is made in items 2-9:

- 1. I apply/do not apply*** for voluntary sickness insurance.
- 2. I apply/do not apply*** for voluntary pension insurance.
- 3. I have** a certificate of mild/moderate/severe degree of disability* for the period between and

I confirm that the content of this declaration is true, and that I am aware of penalty for perjury if I provide false information or conceal the truth. I undertake to inform the Principal of any changes in the content of this declaration within 3 days after the date of the relevant change, by re-submitting this declaration marked with the note "Update" and supplementing the part of the declaration that has changed, specifying the date when the change has occurred, under pain of incurring legal and financial liability for failure to comply with this obligation. I am aware of fiscal penal liability for providing false information. If I fail to inform of changes to the data in due time and the absence of the information results in the University of Warsaw incur financial costs, I undertakes to pay the costs in full using my funds.

.....
Date and legible signature of the Agent

* Mark as appropriate

PLEASE NOTE:

This is the translation of the specimen contract.

The binding contract is concluded in Polish.