

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

AGENT'S PERSONAL DATA

1. Surname: 2. First name:
3. Mother's first name: 3. Father's first name:
2. Date and place of birth:

USUAL ADDRESS ABROAD (for tax purposes):

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

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/maternity/parental/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 do, and for this I receive
(type of contract)
the gross monthly remuneration **below/equal to or exceeding*** the minimum salary for work, subject to national insurance contributions.
4. I am unemployed.
5. 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.
6. I am a PhD student.
7. I am on: **old-age/disability pension***.
8. I am engaged in an economic activity and, therefore, I pay national insurance contributions in line with*: **general/preferential principles***. I declare that the subject matter of the contract is: **included/not included*** in the scope of my economic activity.
9. **I apply/do not apply*** for voluntary sickness insurance.
10. **I apply/do not apply*** for voluntary pension insurance.
11. **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 undertake to pay the costs in full using my funds.

TYPE OF NATIONAL INSURANCE OBLIGATION

In accordance with ZUS (National Insurance Institution) guidelines, if a person pursues his/her activity as an employed person in several Member States, he/she must apply for the A1 certificate to the institution applicable to his/her usual address. The certificate determines the applicable legislation (the country in which contributions must be paid).

In the case of legislation other than Polish, the Principal assumes obligations of a contribution payer and must pay contributions under a mandate agreement in the territory of a relevant country.

TYPE OF TAX LIABILITY

- 1. Passport no.:
- 2. Country of passport issue:
- 3. No. of permanent/temporary residence card(attach a photocopy)

1) I declare that I am a non-Polish resident, and that I have subject to a limited tax liability in Poland.

2) I declare that I am a resident of
(insert the country)

3) My tax identification number (TIN)/insurance number in the country is as follows:
.....
(insert the number used for tax or national insurance identification purposes obtained in the country of residence)

In the absence of such a number, specify the number of the document proving the taxpayer’s identity, obtained in the country.

4) I declare that I reside in the territory of the Republic of Poland*:

for more than 183 days during a tax year

for less than 183 days during a tax year

5) I hereby declare that*:

I attach a certificate of residence and I request for taxation in accordance with the applicable agreement for the avoidance of double taxation between the Republic of Poland and the country specified in the certificate of residence,

I do not attach a certificate of residence and, therefore, I request for taxation of my revenue with 20% flat-rate personal income tax of, in accordance with Article 29 Clause 1 Item 1 of the Personal Income Tax Act.

.....
date and legible signature of the Agent

* Mark as appropriate

DATA NECESSARY TO MAKE A CROSS-BORDER TRANSFER:

- 1. Recipient’s first name and surname:
- 2. Beneficiary’s address:
- 3. Country of recipient’s bank:
- 4. Currency of the transfer:
- 5. IBAN:
- 6. BIC (SWIFT) of recipient’s bank:

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

PLEASE NOTE:

This is the translation of the specimen contract.

The binding contract is concluded in Polish.