

Appendix no. 1 to the mandate contract for academic guidance related to preparing a doctoral dissertation, entered into with a person who is not an employee of the University of Warsaw, no. ....  
(successive contract no./UW's organisation unit code/year)

**AGENT'S DECLARATION FOR TAX AND INSURANCE PURPOSES – NON-POLISH RESIDENTS**

**AGENT'S PERSONAL DATA**

- 1. Surname: ..... 2. First name: .....
- 3. Father's first name:..... 4. Mother's first name: .....
- 5. Date and place of birth: ..... 6. Nationality: .....
- 7. PESEL (Citizen ID No.): .....<sup>1</sup>

**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 .....  
(employer's name and address)
- 3. I am employed outside the University of Warsaw: .....  
(employer's name and address, position)  
in the period between..... and..... under: ..... 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 not employed under a contract of employment, and I have not entered into a civil law contract from which the national and health insurance obligation arises.
- 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 attend\*:
  - doctoral studies, and the procedure for a doctoral degree was open before 30 April 2019.
  - a doctoral school, and for this I receive the gross doctoral scholarship **below/equal to or exceeding\*** the minimum salary for work, subject to national insurance contributions.
- 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 .....

<sup>1</sup> In the case of persons staying in the Republic of Poland for more than 183 days during a tax year

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..

**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 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 .....
  - 1) I declare that I am a non-Polish resident, and that I am subject to a limited tax liability in Poland.
  - 2) I declare that I am a resident of .....  
(enter 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, therefore, 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