

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

AGENT'S PERSONAL DATA

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

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 -
.....
(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 a contract of employment or appointment, and thereunder I receive the gross monthly 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 I receive the gross monthly remuneration **below/equal to or exceeding*** the minimum salary for work, subject to national insurance contributions.
5. 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.
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 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.

8. I am*:

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.

To be submitted if declaration are 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