Note: the English version of this document is for information purposes only

Please complete the application with block capitals

form for persons covering the costs of the funeral of a UW employee/pensioner /disability pensioner

A P P L I C A T I O N
for granting non-refundable financial aid

The table is to be completed by an employee of the Office for Personnel Social Benefits.		
Financial aid type	Amount	Date

I.   Applicant's name and surname ....

II.   Applicant's personal identification number (PESEL) ....

III.   Contact phone ....

IV.   **Residence address:** voivodship ....
street .... street address number .... apartment number ....
place .... postal code ....
post office ....
Tax Office ....
               (code)   (place)   (street, building no., apartment no.)

V.   The average income from all sources for the last six months (without social security contributions) ....

VI.   **Comprehensive statement of reasons for the financial aid application:**
………
………
……………………………………………………………………………………………….

VII.   **Appendices** ....
....

VIII. **Please disburse any amount granted to/at**
       ACCOUNT No.……………………………………………………………………………………

       MILLENNIUM BANK BRANCH

       I hereby confirm that all the data provided in the application are true to the facts.

....
(application submission date)   (applicant's signature)

1.   Annotation of the Office for Personnel Social Benefits
....
....

2.   Financial Aid Committee's opinion ....
....
....
....

The controller of the personal data provided above is the University of Warsaw.
Detailed information on data processing can be found at:
https://www.uw.edu.pl/wp-content/uploads/2019/08/klauzula-informacyjna-dot.-przetwarzania-danych-osobowych.pdf