

IX. Certificate (medical, issued by state administration authorities)

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X. Appendices

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XI. Please disburse any amount granted to/at

- ACCOUNT NO.**
- MILLENNIUM BANK BRANCH**
- ADDRESS**

.....
(code) (place)

.....
(street, building no., apartment no.)

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

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2. Financial Aid Committee's opinion

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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>