Please complete the application with block capitals

APPLICATION for an organized vacation subsidy (purchased at other institutions)

1. Applicant's name and surname	
2. Applicant's personal identification numb	er (PESEL)
3. Contact phone	
4. Name of the unit providing doctoral studi	ies
5. Doctoral studies start date	
6. I apply for an organized vacations subsidy f of birth):	for the below entitled beneficiaries (enter child's name and surname, date
1	3
2	4
- original copy of the invoice/bill issued by	an original copy of a certificate confirming continued school education, the entity authorized to organize recreation, including the names of the of the vacation for each person listed and the date of stay.
•	
• •	(cross out as unnecessary) ly gross income per person in the family, calculated according to the
Additional information necessary for issue	uing a personal income tax documentdistrict
street	street address number
place	
post office	
	lace) (street, building no., apartment no.)
11. Please disburse any amount granted to/a	et (cross out as unnecessary)
☐ 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)
To be completed by the Office for Personnel Subsi	Social Benefits. idies for organized recreation
from the price of PLN x%	

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