Please complete the application in block letters

form for children of UW pensioners and disability pensioners

SUBSIDY APPLICATION for children

1. Applicant's name and surname	
2. Applicant's PESEL no. [Personal Identifi	ication Number] or personal no. in SAP
3. Telephone	
	whether from birth, adopted or whom I have been granted legal custody d's name and surname together with their date of birth):
1	3
The application should be accompanied by: — in the case of children above the age of education at school or at a full-time certificate from an institution authorised — an original invoice/receipt issued by the	f 15: an original certificate confirming the fact that they continue their first-cycle, second-cycle or long-cycle, or a certified true copy of a to declare the degree of disability, entity authorised to organise the recreational activities, which includes the effiting from the holiday, the unit price of the holiday stay for each person
5. I am a single parent: YES NO	(delete as appropriate)
6. Number of persons in a household	. (includinglittle children and children continuing
their education, under the age of 25, depende	ent solely on the parent(s)).
	nthly gross income per family member, calculated according to the the University Social Benefits Fund Rules and Regulations, amounts to
principles set out in § 7, sections 6–9 of a PLN:	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only)
principles set out in § 7, sections 6–9 of a PLN:	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH
principles set out in § 7, sections 6–9 of pLN: 8. I would like to receice the benefit: (choose I by transfer to the personal I in Cash to be collected from By Postal transfer to the in (postal code)	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only)
principles set out in § 7, sections 6–9 of pLN: 8. I would like to receice the benefit: (choose BY TRANSFER TO THE PERSONAL IN CASH TO BE COLLECTED FROM BY POSTAL TRANSFER TO THE IN (postal code)	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only) (place)
principles set out in § 7, sections 6–9 of pLN: 8. I would like to receice the benefit: (choose BY TRANSFER TO THE PERSONAL IN CASH TO BE COLLECTED FROM BY POSTAL TRANSFER TO THE IN (postal code)	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only) (place) treet, building no., apartment no.)
principles set out in § 7, sections 6–9 of PLN: 8. I would like to receice the benefit: (choose BY TRANSFER TO THE PERSONAL IN CASH TO BE COLLECTED FROM BY POSTAL TRANSFER TO THE IN (postal code) (so I hereby confirm that (application submission date)	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only) (place) treet, building no., apartment no.) the above data are accurate and complete. (applicant's signature) a child/children by single persons with low income and large families income, it is required to provide documents confirming the above-
principles set out in § 7, sections 6–9 of PLN: 8. I would like to receice the benefit: (choose BY TRANSFER TO THE PERSONAL IN CASH TO BE COLLECTED FRO BY POSTAL TRANSFER TO THE IN (postal code) (so I hereby confirm that (application submission date) In the case of applying for another subsidy for (three or more children in the family) with low mentioned situation (University Social Benefit	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only) (place) treet, building no., apartment no.) the above data are accurate and complete. (applicant's signature) a child/children by single persons with low income and large families income, it is required to provide documents confirming the above-
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principles set out in § 7, sections 6–9 of PLN: 8. I would like to receice the benefit: (choose BY TRANSFER TO THE PERSONAL IN CASH TO BE COLLECTED FROM BY POSTAL TRANSFER TO THE IN (postal code) (so I hereby confirm that (application submission date) In the case of applying for another subsidy for (three or more children in the family) with low mentioned situation (University Social Benefit To be completed)	the University Social Benefits Fund Rules and Regulations, amounts to see the appropriate option) L BANK ACCOUNT NO. M A MI LLENNIUM BANK BRANCH NDICATED ADDRESS: (please complete if appropriate only) (place) treet, building no., apartment no.) the above data are accurate and complete. (applicant's signature) a child/children by single persons with low income and large families or income, it is required to provide documents confirming the above-ts Fund Rules and Regulations). by the Office for Personnel Social Benefits Subsidy for a privately arranged holiday

The Controller of the personal data provided above is the University of Warsaw.

Detailed information on personal data processing can be found at:

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