



IX. **Certificate** (a medical one, issued by public administration authorities)

.....  
.....  
.....  
.....

X. **Attachments**.....

.....  
.....  
.....

XI. **I would like to receive the benefit:** (choose the appropriate option)

**BY TRANSFER TO THE PERSONAL BANK ACCOUNT NO.** .....

**IN CASH TO BE COLLECTED FROM A MI LLENNIUM BANK BRANCH**

**BY POSTAL TRANSFER TO THE INDICATED ADDRESS:**

.....

(postal code)

(place)

.....

(street, building no., apartment no.)

**I hereby confirm that the above data are accurate and complete.**

.....  
(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 personal data processing can be found at:

<https://www.uw.edu.pl/wp-content/uploads/2019/08/klauzula-informacyjna-dot.-przetwarzania-danych-osobowych.pdf>