

Please complete the application in block letters

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

**APPLICATION  
for 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 PESEL no. [Personal Identification Number] or personal no. in SAP.....
- III. Telephone .....
- IV. Address of residence: voivodeship ..... district .....
- street ..... building no..... apartment no.....
- place..... postal code .....
- post office .....
- Tax Office ..... (code) (place) (street, building no., apartment no.)
- V. The average monthly income over the last 6 months from all income sources (without contributions to Social Insurance Institution) .....
- VI. Duly justified reasons for the financial aid application:  
.....  
.....  
.....
- VII. Attachments .....
- .....
- VIII. 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

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