

.....
(UW Unit stamp)

Warsaw,

AUTHORISATION

I hereby authorise Mr/Ms*:

1.phone number.....
2.phone number.....
3.phone number.....

- to process the personal data of UW pensioners, disability pensioners and their children who, due to their illness, require permanent care and assistance of other persons in performing social roles and completing everyday functions in connection with a significantly reduced possibility of independent living, collected from the documentation constituting the basis for granting the benefit,
- to sign, on my behalf, the alphabetical lists drawn up on the basis of applications received from UW pensioners and disability pensioners for additional holiday subsidy for the 2025-2026 Christmas and New Year holiday period.

.....
(name stamp and signature
of Dean/ Head of Unit)

*Please authorise no more than three persons