

Note: the English version of this document is for information purposes only

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XI. A health status medical certificate:

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XII. Required supporting documents:

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XIII. Disbursement of the benefit to the UW pensioner / disability pensioner **(please select one option)**:

- BY TRANSFER TO THE PERSONAL BANK ACCOUNT NO.
- IN CASH TO BE COLLECTED FROM A MILLENNIUM BANK BRANCH
- ADDRESS: postal code, city/town, street, building no., apartment no.

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XIV. Disbursement of the benefit to the UW employee:

Disbursement of the benefit will be made in the manner provided for the payment of remuneration.

XV. Declarations:

I hereby declare that the above data are accurate and complete.

I further declare that I have read and understood the following information clause regarding the processing of personal data I have provided in connection with the submission of this application.

Warsaw,
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(applicant's signature)

Note of the Office for Personnel Social Benefits:

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Decision of the Financial Aid Committee:

Granted amount: PLN..... **Signatures of the Members of the Financial Aid Committee:**

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