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

The table is to be completed by a BSSOC Office employee.	
SAP personnel no.	
Benefit no.	

Form for: *(please mark **"x"**)*:

	UW Employee (spouse, child, parents, parents-in-law)
	UW Pensioner / Disability pensioner (spouse, child, parents, parents-in-law)
	UW Doctoral student (spouse, child)

APPLICATION
for granting non-refundable financial aid
due to the death of a close relative

I. **Applicant's name and surname** .....

II. **Applicant's PESEL no. [Personal Identification Number]**.....

III. **Telephone**.....

IV. Number of persons living in the same household ..... (including ..... minor children and children studying at school or university under the age of 25 who are fully dependent on the parent(s)):

V. I hereby declare that the average gross monthly income per person in the family, calculated under the terms set out in § 7, sections 6-9 of the Rules and Regulations of the University Social Benefits Fund is:
*(please mark **"x"**):*

up to PLN 3,000	
more than PLN 3,000	

VI. Justification of financial aid application:
I HEREBY APPLY FOR A ONE-OFF FINANCIAL AID DUE TO THE DEATH OF A CLOSE RELATIVE:

Name and surname of the deceased person	**Degree of kinship**

VII. Required supporting documents:

- ☐ **the death certificate**
- ☐ **the applicant's marriage certificate** (in the case of the death of a parent-in-law)
- ☐ **the applicant's birth certificate** (in the case of the death of a parent)

If the child (who is studying at school or university and living in the same household) has reached the age of 18, the following documents must be attached to the application:

- ☐ **certificate confirming the continuation of compulsory education** or
- ☐ a copy of **the disability certificate from an institution authorised to assess the degree of disability**

PLEASE ALSO COMPLETE PAGE 2→

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VIII. **Payment – information for the UW employees:**

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

IX. **Disbursement - to be completed by the UW pensioner /disability pensioner**

Disbursement of the benefit **(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.....

X. **Disbursement - to be completed by the UW doctoral student**

- **Address of residence:** (voivodeship, postal code, city/town, street, building no., apartment no.)

.....

- **Tax Office** (full address): (voivodeship, postal code, city/town, street, building no., apartment no.)

.....

- **UW Doctoral School name:**

.....

- **Bank account for disbursement of the benefit:**

.....

I hereby declare that the above data are accurate and complete (page 1-2).
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, ...
(applicant's signature)

To be completed by the Office for Personnel Social Benefits and the Financial Aid Committee

1. Note of the Office for Personnel Social Benefits:

   .....

   .....

2. Decision of the Financial Aid Committee:

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

.....

.....

The Controller of the personal data provided above is the University of Warsaw.
Detailed information on the personal data processing can be found at:
https://www.uw.edu.pl/wp-content/uploads/2019/08/klauzula-informacyjna-dot.-przetwarzania-danych-osobowych.pdf