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

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

Form for:

	A third party covering the funeral expenses of: a UW employee/ pensioner/ disability pensioner.

APPLICATION
for granting non-refundable financial aid
due to the coverage of funeral expenses

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

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

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

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

.....

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

.....

VI. 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)):

VII. 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: PLN *(please mark **"x"**):*

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

VIII. Justification of financial aid application:

I HEREBY APPLY FOR A ONE-OFF FINANCIAL AID DUE TO THE COVERAGE OF FUNERAL EXPENSES:

Name and surname of the deceased person	UW employee	UW	UW disability

IX. Required supporting documents:

- ☐ **UW employee/pensioner / disability pensioner death certificate**
- ☐ **invoice(s)** (confirming coverage of funeral expenses, issued in the name of the applicant and containing the name and surname of the deceased).

PLEASE ALSO COMPLETE PAGE 2→

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X. **Disbursement of the benefit:**

☐ BY TRANSFER TO THE PERSONAL BANK ACCOUNT NO.

……

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