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| Nazwisko: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imiona: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pesel: |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | |  | | |
| Obywatelstwo: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa banku: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer konta bankowego: |  |  |  | |  |  | |  |  |  | |  |  | | |  |  | |  |  |  | |  |  | |  | |  | |  |  |  | |  |  | |  |  |
| Data urodzenia: |  | | | | | | | | | | | | | | Miejsce urodzenia: | | | | | | | | | | | |  | | | | | | | | | | | |
| Nazwisko panieńskie: |  | | | | | | | | | | | | | | Telefon: | | | | | | | | | | | |  | | | | | | | | | | | |
| Imię ojca: |  | | | | | | | | | | | | | | Imię matki: | | | | | | | | | | | |  | | | | | | | | | | | |
| Seria i nr dowodu osobistego: |  | | | | | | | | | | | | | | Data wydania: | | | | | | | | | | | |  | | | | | | | | | | | |
| Organ wydający dowód osobisty: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nr paszportu (obcokrajowcy): |  | | | | | | | | | | | | | | Wydany w dniu: | | | | | | | | | | | |  | | | | | | | | | | | |
| Data początku emerytury/renty\*: |  | | | | | | | | | | | | | | Data końca renty: | | | | | | | | | | | |  | | | | | | | | | | | |
| Oddział ZUS: |  | | | | | | | | | | | | | | Nr emerytury/renty\*: | | | | | | | | | | | |  | | | | | | | | | | | |
| Okres niepełnosprawności od…………......do………..……: |  | | | | | | | | | | | | | | Stopień niepełnosprawności: | | | | | | | | | | | |  | | | | | | | | | | | |
| **Adres zamieszkania/podatkowy (art. 39 ust. 1 ustawy o podatku dochodowym od osób fizycznych)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy: |  | | | | | | | | | | | | | | Miejscowość: | | | | | | | | | | | |  | | | | | | | | | | | |
| Ulica: |  | | | | | | | | | | | | | | Nr domu/lokalu: | | | | | | | | | | | |  | | | | | | | | | | | |
| Gmina: |  | | | | | | | | | | | | | | Województwo: | | | | | | | | | | | |  | | | | | | | | | | | |
| NFZ: |  | | | | | | | | | | | | | | Urząd Skarbowy: | | | | | | | | | | | |  | | | | | | | | | | | |
| **Adres do korespondencji, jeżeli jest inny niż zamieszkania/podatkowy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kod pocztowy: |  | | | | | | | | | | | | | | Miejscowość: | | | | | | | | | | | |  | | | | | | | | | | | |
| Ulica: |  | | | | | | | | | | | | | | Nr domu/lokalu: | | | | | | | | | | | |  | | | | | | | | | | | |
| Gmina: |  | | | | | | | | | | | | | | Województwo: | | | | | | | | | | | |  | | | | | | | | | | | |

\*niepotrzebne skreślić

Oświadczam, że na bieżąco będę przesyłał/a informacje o ewentualnych zmianach.

Jednocześnie wyrażam zgodę na przetwarzanie ww. danych osobowych.

………………………………………………………………………………  
 (Data i podpis)