Appendix No. 3

to the Ordinance No. ..... of the Rector of the University of Warsaw of ................ 2024 on amending the Ordinance No. 82 of the Rector of the University of Warsaw of 1 August 2019 on civil law contractsNo. ………………………………………………………..

Appendix No. 3

to the Ordinance No. 82 of the Rector of the University of Warsaw of 1 August 2019 on civil law contracts

**A template****of the declaration submitted by the Mandatary for tax and insurance purposes for residents of Poland**

**DECLARATION OF THE MANDATARY FOR TAX AND INSURANCE PURPOSES FOR RESIDENTS OF POLAND**

Refers to the Mandate Contract No. ………………………………………………………

(successive contract No./ UW organisational unit code/year)

**MANDATARY’S PERSONAL DATA**

|  |  |
| --- | --- |
| 1. Surname: ……………………………………  3. PESEL (CITIZEN ID NO.): ………………………………………….….. | 2.Name: …………………………..……….……  4. Nationality: ………………………….... |

**ADDRESS OF RESIDENCE:**

|  |  |
| --- | --- |
| 1. City: ………………………………… | 2. Street: ……………...…………………………… |
| 3. House No.: …………………………….……….. | 4. Flat No.: ............................................................. |
| 5. Postcode: ................................................................... |  |

**OTHER DETAILS:**

1. NFZ (National Health Fund) Branch: ...........................................................................................................................................................

2. Tax Office having jurisdiction for income tax purposes: ……………………..…………..............................

**DECLARATION OF THE MANDATARY FOR INSURANCE PURPOSES:**

I hereby declare that \*:

* I am an employee of the University of Warsaw engaged under a contract of employment or appointment.
* I am on the following type of leave\*:

**unpaid leave**

**maternity leave**

**parental leave**

**child care leave**

for the period between ……………….……… and …………..……………. .

(employer’s name and address)

* I am employed outside the University of Warsaw: ........................................................................................................

(employer's name and address, position)

within the period from …………… **for an indefinite period \*\*for a definite period\*\*** to ……………… under a contract of employment or appointment, and from which I receive a monthly salary in a gross amount\*:

**lower than**  **equal to or higher than**

the minimum salary, subject to social security contributions.

* I provide services under a mandate contract: ...............................................................................................

(Contractor's name and address)

in the period from ……………………………. and ……………………………., and for this I receive a monthly salary in a gross amount \*:

**lower than**  **equal to or higher than**

the minimum salary, subject to social security contributions.

* I am not employed on the basis of an employment contract and I have not entered into a civil contract from which social and health insurance obligations arise.
* I am\*:

**a primary / secondary school pupil**

**a student of first-cycle, second-cycle or long-cycle studies**

below the age of 26. I attach to the declaration a certificate confirming the status of a pupil / a student\*\*.

* I attend \*:

doctoral studies, and the procedure for a doctoral degree was open before 30 April 2019

at a doctoral school, and for this I therefore receive a monthly doctoral scholarship in a gross amount of\*:

**lower than** **equal to or higher than**

the minimum salary, subject to social security contributions.

* I am\*:

**retired**

**a disability pensioner**

* I carry out a business activity the scope of which does not coincide with the activities performed by me as part of the mandate contract, and   
   due to this, I pay social security contributions on the following terms \*:

**general**

**preferential**

1. **I apply**  **I do not apply** to be covered by voluntary sickness insurance.
2. I apply  I do not apply to be covered by retirement and disability pension insurance.
3. **I have** a certificate of a mild/moderate/severe degree of disability \*\* issued for the period between ……………….……… and …………..…………….

I hereby confirm that the content of this declaration remains in accordance with the facts and I am aware of criminal liability for providing false data or concealing the truth.

………………........................................................

(date and legible signature of the Mandatary)

**\* Tick as appropriate.**

**\*\* Delete as appropriate.**