

**A model of the declaration submitted by the
Mandatory 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: 2. Name:
3. PESEL (CITIZEN ID NO.): 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**

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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**

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BPR January 2024

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 Mandatory)

*** Mark as appropriate.**

**** Delete as appropriate.**

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