

Document executed on two pages. The footer contains page number and the following text:
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Appendix no. 1 to contract no.....
(contract consecutive number/university division code/year)

**SERVICE PROVIDER'S DECLARATION FOR TAX AND INSURANCE PURPOSES
FOR NON-RESIDENTS OF POLAND**

PERSONAL DETAILS OF THE SERVICE PROVIDER:

- | | |
|----------------------------------|------------------------------|
| 1. Surname | 2. First name |
| 3. Mother's first name..... | 4. Father's first name |
| 5. Date and place of birth | 6. Citizenship |

OVERSEAS ADDRESS (for tax purposes):

- | | |
|----------------------|------------------|
| 1. City | 2. Street |
| 3. Building no. | 4. Flat no. |
| 5. Post code | 6. Country |

SERVICE PROVIDER'S DECLARATION FOR INSURANCE PURPOSES:

I hereby acknowledge and confirm that:

1. I am employed by Uniwersytet Warszawski (*University of Warsaw*) under an employment or appointment contract.
2. I am on* **unpaid / maternity / parental / child care leave** from..... to
3. I am employed by an employer other than Uniwersytet Warszawski: (employer's name and address, function) for a period running from to on the basis of (type of contract) and I am paid a gross monthly salary **lower / equal to / higher*** than the minimum wage, which is subject to deductions for social insurance contributions.
4. I am unemployed.
5. I am a **student of primary school / secondary school / university student** pursuing undergraduate or graduate or uniform graduate studies* under 26 years of age. This declaration is accompanied by a certificate of my status as a **student / university student***.
6. I am a participant in doctoral studies.
7. I am **retired / a disability pension recipient***.
8. I am a sole trader and I pay social insurance contributions in connection therewith on **general / preferential terms***. I acknowledge and confirm that the subject matter of the contract **falls / does not fall*** within the purview of the business carried out by me as a sole trader.
9. **I wish / do not wish*** to be covered by voluntary sickness insurance.
10. **I wish / do not wish*** to be covered by voluntary retirement and disability insurance.
11. **I have been issued with** a certificate of mild / moderate / significant disability* for a period running from to

I acknowledge and confirm that this declaration is true and that I am aware of the criminal liability for making false statements or concealing the truth.

I undertake to promptly notify the Client about each change in the information contained in this declaration, within 3 days after occurrence of any such change, by resubmitting the declaration marked

“Updated” and completing that section of the declaration which is affected by the change and specifying the date when the change occurred or else I shall be legally and financially liable for failure to fulfil that obligation. I am aware of the criminal and fiscal liability for making false statements. In the event of failure to update any information where such failure leads to any expenses being incurred by Uniwersytet Warszawski, I undertake to cover such expenses in full.

TYPE OF SOCIAL INSURANCE OBLIGATION

In accordance with the guidelines of ZUS (*Social Insurance Institution*) any person who performs contract work in more than one EU Member State at one time is required to obtain an A1 certificate from the competent insurance institution. An A1 certificate specifies which legislation applies to the employee (i.e. the country where social insurance contributions must be paid). If the Service Provider is covered by legislation of any country other than Poland, they shall assume the obligations of contribution payer and pay the contributions due under the contract in that country.

TYPE OF TAX OBLIGATION

- 1. Passport no.
- 2. Country of issue
- 3. Permanent / temporary residence card no..... (please enclose a xerox copy)

1) I acknowledge and confirm that I am not a resident of Poland and my liability for taxes in Poland is therefore limited.

2) I acknowledge and confirm that I am a resident of
.....
(please specify the country)

3) I have been assigned the following taxpayer identification number (TIN) in that country:
.....
(please provide the identification number assigned in the country of residence for tax or social insurance purposes)

If you have not been assigned any such number, please provide the number of your identity document issued in the country of residence.

4) I acknowledge and confirm that I spend the following portion of the tax year in the Republic of Poland*:

- more than 183 days
- less than 183 days

5) I acknowledge and confirm that*:

- a certificate of residence is enclosed herewith and that I wish to be taxed according to the applicable double taxation agreement between the Republic of Poland and the country specified in the certificate of residence,
- a certificate of residence is not enclosed herewith and that I wish for my earnings to be subject to a flat-rate personal income tax at 20% in accordance with Article 29 Clause 1 Item 1 of the Act on personal income tax.

.....
Date and legible signature of the Service Provider

* Check as appropriate.

INFORMATION REQUIRED FOR INTERNATIONAL MONEY TRANSFERS:

- 1. Recipient’s first name and surname:
- 2. Beneficiary’s address:
- 3. Country of registration of the recipient bank:
- 4. Transfer currency:
- 5. IBAN:
- 6. BIC (SWIFT) of the recipient bank:

.....
Date and legible signature of the Service Provider