Toruń,									
		STATEMENT FOR TO							
PERSO	NAL DETAILS:								
	(last name)		(first/middle	name) (dat	ate of birth)				
	/Passport (for foreign nation	onals)	lationality	(contact	phone number)				
(n	name of doctoral schoo		of studies dd, mm, yy)		nd of studies mm, yy)				
RESIDE	NCE ADDRESS:								
(postcod		(town/city)		ouse/apartment no.)				
	 (commune) SPONDENCE ADD	(poviat) PRESS (IF DIFFERENT F		(voivodeship) ADDRESS):					
(postcode)		(town/city)	(street, h	ouse/apartment no.)				
	(commune)	(poviat)		(voivodeship)					
	sion entitlement	SOCIAL INSURANCE	PURPOSES						
	☐ no ☐ yes []	due to work inabilit	ty []worl	k accident	[] family allowanc				
	(benefit no.)	• •	en awarded)						
☐ no	ve a disability cer	tificate:							
_ yes	(awarded up to)								

• 1	Please specify the degree of							f your disability: []Moderate								[]Severe								
2. STATEMENT FOR THE PURPOSES OF SICKNESS INSURANCE I REQUEST/ I DO NOT REQUEST (delete as appropriate) to be covered by voluntary sickness insurance. Please transfer my entire doctoral scholarship to my bank account:																								
(bank name)																								
to account no.:																								
I declare that: 1. I have read Order No. 139 of the Rector of the Nicolaus Copernicus University of 1 September 2016 (NCU Legal Bulletin 2016, item 316); 2. the above data is true and that I am aware of the criminal liability under Article 233 § 1 of the Criminal Code (Journal of Laws of 2020, item 1444, as amended) for making false statements; 3. in the event of a change to the data contained in the application form, I shall notify the University of this fact within 3 days of the date on which the change occurs or of obtaining a document confirming the change under pain of liability on this account.																								
	(legible signature of the doctoral student submitting the statement)													nent)										

*mark as appropriate