Toruń, date…………………………

**Social Insurance declaration**

**(application for insurance for PhD student)**

**Personal details:**

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

 (surname) (name)

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

 ( Passport number) ID card number (telephone number)

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

 (name of PhD school ) (degree) (estimated date for completion)

**Place of residence:**

…………………………………………………………… ………………………………………………………………………………………………………

 (street number) ( postcode/ city)

……………………………………………………………

 (Country)

**Polish Adress:**

…………………………………………………………… ………………………………………………………………………………………………………

 (street number) ( postcode /city)

**Fiscal office**

Name and adress

Pierwszy Urząd Skarbowy w Toruniu

**Application for public health insurance:**

Code of National Health Fund in Poland – Kujawsko-Pomorski Oddział NFZ 02R

 ………………………………………………………………………………………

 (signature)