

DECLARATION

I, the undersigned,.....

(Full name)

.....
(Place of residence, full address)

being aware of criminal liability under Article 233 of the Penal Code, declare as follows:

1. I do not receive pension, disability pension (*)

2. I receive pension, disability pension (*) cat.benefit number.....

..... The Social Insurance Institution of Poland (ZUS) branch in.....

.....
(Address of the ZUS branch)

.....
(Date and the signature)

(*) *delete as appropriate*