DECLARATION

Bank Pocztowy

Please print legibly in black or blue pen. Where appropriate, put an ' X' in the right box.

Customer details

Surname	
Forename	
Middle name	
Father's forename	
Mother's forename	
Place of birth	
Date of birth	
Polish National Identification Number (PESEL)	
Tax Identification Number (TIN)	

Residence

Town/city	
Street name	
Building/suite no.	
Zip code	
Post office	
Province	
County	
Municipality	

Correspondence address *(if different from address of residence)*

Zip code	
Town/city	
Street name	
Building/suite no.	
Province	
County	
Municipality	

Do you wish to have your correspondence address included in your personal income tax return?	X	☐ YES	☐ NO
Tax Office which Account Holders files tax returns with			
I hereby declare that I receive a foreign:	X	☐ pension	☐ disability allowance
which paid to Account No.			
The foreign	X	☐ pension	☐ disability allowance
has been granted to me by *(name of the pension or disability allowance authority)*			
in *(name of the jurisdiction)* by reason of			
Expected payment date of foreign pension/disability allowance			
Expected amount of foreign pension/disability allowance to be paid			
Currency			
Is the pension/disability allowance paid on a regular basis?	X	☐ monthly	☐ quarterly

CUSTOMER's signature