

.....
name and surname

**STATEMENT OF HEALTH INSURANCE CONTRIBUTION PAID DURING THE
PREVIOUS CALENDAR YEAR**

I declare that the amount of health insurance contribution paid to the Social Insurance Institution (ZUS) during the calendar year preceding the current academic year amounted to zł gr

I have familiarized myself with the information on personal data processing in § 33 of the Regulations for Benefits for Students of the Warsaw University of Technology in the academic year 2022/2023 and I consent to my personal data processing under the Law of 10 May 2018 on Personal Data Processing and internal regulations applicable at the Warsaw University of Technology to conduct the proceedings of granting financial aid, and in the case of granting the aid – in the process of servicing the payment of benefits at the Warsaw University of Technology.

I am aware of disciplinary and criminal liability for making untrue statements and I declare that all information given above is factually correct.

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date

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signature of the person submitting the statement