Annex 5a

to the Principles of concluding civil law contracts with individuals by Częstochowa University of Technology

(Order No. 66/2020 of the Rector of CUT of 29.12.2020)

**Appendix No. 1 to Contract of Mandate/ Contract for Specific Work\***

**No. ………………………… of ……………………..**

**DECLARATION OF THE MANDATARY / WORK CONTRACTOR**

**FOR TAXATION AND INSURANCE PURPOSES**

The Mandatary / Work Contractor (name and surname) ……………………………………… represents and declares that he/ she:

1. Is employed by \*\* ………………………………………………………………………. in the position of ……………….. on a full-time / part-time \* basis (……. full-time equivalent) and is paid a salary under the employment relationship above / below \* the minimum salary.
2. Is / is not\* on a maternity leave, child-raising leave, unpaid leave

from …………………. to …………………..

1. Is an old-age pensioner / disability\* pensioner – Reg. No. ……….
2. Is / is not\* covered by social insurance as a member of clergy.
3. Provides / does not provide\* services under a contract of mandate, on which the compulsory social insurance contribution is paid; term of the contract ………………
4. Carries out / does not carry out\* business activity, in respect of which he/ she remits / does not remit\* full social insurance contributions; pays social insurance contributions to the Social Insurance Institution (ZUS) / Agricultural Social Insurance Fund (KRUS).\*
5. Is a student \*\*\* ………………………………………………………………………….. Year of study: ……………, Student File No.: ……………………
6. Is / is not\* a doctoral student who commenced his / her studies at the Doctoral School not earlier than in the academic year 2019/2020 and he / she is / is not\* receiving a doctoral scholarship in the amount higher / lower\* than the minimal salary referred to above.
7. Is a foreigner from a Member State of the European Union and a work permit is / is not\* required.
8. Is a foreigner from outside the European Union and is in possession of a work permit/ work permit is not required because of the nature of work\*.

Has visa No. ……………….., symbol ………………………………………………….

1. The Mandatary / Contractor has the following identification details:

* Date of birth …………….., NIP (Tax Id. No.) \* ……………………………………….. PESEL (Polish Personal Id. No.) ……………………………………………………….
* Actual residential address ………………………………………………………………
* Registered residential address ……………………………………………………….....
* Address for taxation purposes: Commune *(gmina)*: …………………………………… Powiat *(district)*: ………………….., Provice (województwo): ……………………….. City, town or village: ……………………… Postal district: ………………………….
* Citizenship: ……………………………………………………………………………..
* National Health Fund (NFZ) Branch …………………………………………………..
* In my tax return (PIT form) please use my PESEL / NIP\* number
* Tax Office in ……………………. No. …. Street ……………………………………. Postal code ……………………..

1. I have / do not have\* a certification of a mild degree of disability.

I have / do not have\* a certificate of a moderate degree of disability.

I have / do not have\* a certificate of a marked degree of disability.

1. In case of any change in the particulars given in the preceding points, the Mandatary / Contractor shall immediately notify the Mandator / Contracting Party.

(Signature and date) ………………………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Delete inapplicable. If the described situation does not apply to the declarant, please write: “Not applicable”.

\*\* Name and address of the Employer

\*\*\* Name of the higher education institution.