|  |  |
| --- | --- |
| Surname: |  |
| Given name: |  |

|  |  |  |
| --- | --- | --- |
| **Change of identification data** | | |
| **PESEL number**  Leave blank if not applicable | |  |
| **New surname**  Lleave blank if not applicable | |  |
| **New document type and numer**  Leave blank if not applicable | |  |
| **New document expiry date**  Leave blank if not applicable | |  |
| **Change of the address (leave blank if not applicable)** | | |
| **Permanent address** | | |
| City/town |  | |
| Postal code |  | |
| Post office |  | |
| Province |  | |
| Street |  | |
| Home no. |  | |
| Flat no. |  | |
| **Residence address** (Please fill in or tick box „as above”) | | |
| * as above | | |
| City/town |  | |
| Postal code |  | |
| Post office |  | |
| Province |  | |
| Street |  | |
| Home no. |  | |
| Flat no. |  | |
| **Mailing address** (Please fill in or tick box „as above) | | |
| * as above | | |
| City/town |  | |
| Postal code |  | |
| Post office |  | |
| Province |  | |
| Street |  | |
| Home no. |  | |
| Flat no. |  | |

I declare that information given in the form is in accordance with the factual and legal status.

Date

doctoral student legible signature