|  |  |
| --- | --- |
| 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