| CHECKLIST POLISH FOR NATIONAL VISA - EMPLOYMENT  |  |           |         |  |
|--|--|-----------|---------|--|
| Name:  | Purpose of Visit:                                |           |         |  |
|  | Contact No:                                      |           |         |  |
| Passport Number:   | E-mail address:                                  |           |         |  |
| Prepare all the necessary documents listed below before you deliver the application Poland. The required documents have to be submitted in Polish or English version at the Embassy of the Republic of Poland.  THE APPLICATION MATERIAL SHOULD BE PLACED IN THE FOLLOWING ORDER:  |  |           |         |  |
| REQUIRED DOCUMENTS   |  | YES       | NO      | REMARKS  |
| 1. PASSPORT - must be valid at least 90 days after the expiration of visa and not older than 10 years; trav blank pages; damaged travel documents cannot be accepted.  | el document must have at least two consecutive   |           |         |  |
| 2. VISA APPLICATION  |  | 1         | 1       | Т  |
| <b>2.1.</b> Visa application form without blanks, signed by the applicant- at least 18 years old may lodge and sign a visa application personally; the signature as the one in the passport.   |  |           |         |  |
| 2.2. A color photography - with the following specifications: passport type, white background 35mmx45mm, dating from the last 6 months.  |  |           |         |  |
| 3. CHECKLIST   |  |           |         |  |
| 4. APPLICANT'S COVER LETTER mentioning the purpose and duration of travel, list of attached documents and other useful information.  |  |           |         |  |
| 5. FLIGHT ITINERARY (RESERVATION ONLY)   |  |           |         | Date from to   |
| C TRAVEL MEDICAL INSURANCE (TMI)   | danimata and Caralta Albana and Tanada           |           |         | Place of first entry  Name of the insurance company: |
| <b>6. TRAVEL MEDICAL INSURANCE (TMI)</b> - A national visa applicant shall personally submit a document confirming the possession of Travel Medical Insurance, referred to in art. 25 sec. 1 point 2 letter "a" of the Act of 12 December 2013 on Foreigners or a document confirming the possession of  |  |           |         |  |
| health insurance as per the definition of the Act of 27 August 2004 on Health care services financed from public funds. Travel medical insurance with an insurance amount of no less than EUR 30,000 must be valid for the period of the intended stay of the foreigner on the territory of the Republic of Poland,  |  |           |         | Insurance number:                                    |
| cover all expenses that may occur during the stay in Poland due to the necessity of return travel for medical reasons, the need for urgent medical assistance,   |  |           |         | Validity: from                                       |
| emergency hospital treatment or death, in which the insurer undertakes to cover the costs of healthcare services provided to the insured directly to the entity providing such benefits, on the basis of a bill issued by this entity.   |  |           |         | to   |
| More information: <a href="https://www.gov.pl/web/dyplomacja/wizy">https://www.gov.pl/web/dyplomacja/wizy</a> under the link: Information of the Minister of Foreign Affairs about insurers and insurance offered by them that meet the conditions referred to in art. 25 sec. 1 point 2 letter "a" and paragraph 1b of the Act of 12 December 2013 on Foreigners; |  |           |         |  |
| or document confirming possession of mandatory insurance within Polish Social Insurance Institution – ZUS  |  |           |         |  |
| 7. DOCUMENTS CONFIRMING THE PURPOSE OF THE TRIP  |  |           |         |  |
| 7.1. Original and valid work permit and its copy.  |  |           |         |  |
| 7.2. Proof of registration of the employing company. (KRS – National Court Register of Poland)   |  |           |         |  |
| 7.3. Original employment letter from the applicant's employer in Poland on the official company paper with stamp and signature, date and clearly mentioning: full address and contact details of the company, the name and position of the countersigning officer, details regarding the   |  |           |         |  |
| employment of the applicant (e.g. position, salary, estimated duration), details regarding additional co   |  |           |         |  |
| transport, living expenses).  7.4. In case of international transfer of the employee: a letter from the curre  | ent employer confirming the transfer, and        |           |         |  |
| approving the leave/absence of the applicant.  |  |           |         | Type of document:                                    |
| 7.5. Supporting documents (optional): 7.5.1. Professional/educational certificates proving professional skills - copies and originals apostilled by MEA/legalized.   |  |           |         | Type of document:                                    |
| 7.5.2. Work experience certificate - copies and originals.   | originals apostilled by MEA/regalized.           |           |         |  |
| 7.5.3. Police Clearance Certificate  |  |           |         |  |
| 7.5.4. Curriculum Vitae (CV) of the applicant.   |  |           |         |  |
| 8. ACCOMODATION – a copy of document confirming the availability of appropriate accommodation  | for the intended period of stay in Poland: lease |           |         | Type of document:                                    |
| agreement or other type of accommodation proof.  |  |           |         |  |
| 9. ADDITIONAL DOCUMENTS - applicants are allowed to submit additional documents that they or   | consider useful to explain/justify the trip.     |           |         | Optional documents:                                  |
| 10. RESIDENCE PROOF - an official document proving stay in the current jurisdiction.   |  |           |         |  |
| 11. PASSPORT DATA PAGES COPY   |  |           | 1       |  |
| 11.1. One copy of the applicant's passport data pages (the first and the last one  | a).  |           |         |  |
| 12.2. Copy of the pages with Polish/Schengen visas, if issued- if the visas were in the  | •  |           |         | (no previous Polish/Schengen visas)                  |
| pages - the first and the last one.  |  |           |         |  |
| I hereby confirm that I am aware of the fact that:   |  |           |         |  |
| <ol> <li>The Embassy of the Republic of Poland reserves the right to request a</li> </ol>  | dditional information/documentation              | and, if   | deemed  | necessary, to interview the                          |
| applicant.   |  |           |         | •  |
| <ol><li>The visa processing period is 15 days however this period may be exten<br/>date is accepted on applicant's own risk).</li></ol>  | ded up to 60 days (application submi             | tted less | than 60 | days before intended travel                          |
|  |  |           |         |  |
| Date place   | العدادة: م                                       | · Cianat  | ıro     |  |
| Date, place Name & Signature of Inquiry Officer/ Date  | Applicant s                                      | s signatt | ле      |  |

ADDITIONAL COMMENTS: