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| WZÓR FORMULARZA WNIOSKU O ZAREJESTROWANIE POBYTU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *strona 1 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (pieczęć organu przyjmującego wniosek) /  (stamp of the authority receiving the application) /  (cachet de l'autorité qui reçoit la demande) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | rok / year / année | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | | | | | | | | | | | | | | | dzień / day / jour | | | | | | | | | | | | | |
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|  | **Przed wypełnieniem wniosku proszę zapoznać się z pouczeniem zamieszczonym na stronie 7**  Prior to filling in the application please read the instruction with the notes on page 7  Avant de remplir la demande consultez l’instruction sur la page 7  **Wniosek wypełnia się w języku polskim**  The application should be filled in Polish language  La demande doit être remplie en langue polonaise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | fotografia / photo / photographie  (35 mm × 45 mm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WNIOSEK**  **O ZAREJESTROWANIE POBYTU**  **APPLICATION FOR REGISTERING THE RESIDENCE**  **DEMANDE D'ENREGISTREMENT DU SÉJOUR\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **dotyczący / concerning / concernant:**  (zaznaczyć znakiem „X” odpowiednią rubrykę) / (tick the appropriate box with „X”) / (mettre un „X” dans la case adéquate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **obywatela państwa członkowskiego Unii Europejskiej / citizen of a European Union Member State / citoyen d'un État membre de l'Union européenne** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | **obywatela państwa Europejskiego Obszaru Gospodarczego nienależącego do Unii Europejskiej / citizen of a non-EU European Economic Area country / citoyen d'un État de l'Espace Économique européenne non membre de l'Union européenne** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | **obywatela Konfederacji Szwajcarskiej / nationals of the Swiss Confederation / citoyen de la Confédération suisse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | **członka rodziny obywatela Unii Europejskiej lub obywatela ww. państw posiadającego obywatelstwo Unii Europejskiej lub ww. państw / family member of the European Union citizen or the citizen of the above-mentioned states, who has the citizenship of the European Union or the above-mentioned states / membre de familie d'un citoyen de l'Union européenne ou citoyen des États cités ci-dessus, qui possède la nationalité de l'Union européenne ou d'un des États cités ci-dessus** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **do / to / à ..............................................................................................................................................................................................** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (nazwa organu, do którego składany jest wniosek) /  (name of the authority the application is submitted to) / (dénomination de l'autorité où la demande est déposée) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. DANE OSOBOWE / PERSONAL DATA / DONNÉES PERSONNELLES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (wypełnia wnioskodawca) / (to be filled in by the applicant) / (à remplir par le demandeur) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Nazwisko (nazwiska) / Surname (surnames) / | | | | | |  | | | | |  | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | | | | |  | | | | | |
| Nom (noms): | | | | | |  | |  | | | | | | | |  | | |  | | | | | |  | | | | |  | | |  | | | | | |  | | | | |  | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | |
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| 2. Nazwiska poprzednie (w tym rodowe) / Previous surnames (including family name) / Noms précédents (y compris le nom de famille): | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | | | | | |  | | | |
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| 3. Imię (imiona) / Forename (forenames) / Prénom (prénoms): | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | | | | | |  | | | |
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| 4. Imię ojca / Father's forename / Prénom du père: | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | | | | |  | | | | |
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| \*  Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *strona 2 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Imię matki / Mother's forename / Prénom de la mère: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6. Data urodzenia / Date of birth / Date de naissance: | | | | | |  |  |  |  | / |  |  | / |  |  | 7. Płeć / Sex / Sexe:\* | | | | |  |  | | | |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |  |  |  |  |  |  |  |  |  |  |
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| 8. Miejsce urodzenia / Place of birth / Lieu de naissance: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9. Kraj urodzenia (nazwa państwa) / Country of birth (name of the country) / Pays de naissance (appellation du pays): | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10. Obywatelstwa / Citizenships / Nationalités: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 11. Stan cywilny / Marital status / Situation de famille:\* | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Rysopis / Description / Signalement: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Wzrost / Height / Taille: | | | | | |  |  |  | cm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolor oczu / Colour of eyes / Couleur des yeux: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Znaki szczególne / Special marks / Signes particuliers: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 13. Numer PESEL (jeśli został nadany) / PESEL number (if granted) / Numéro PESEL (si attribué): | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **B. DOKUMENT PODRÓŻY LUB INNY DOKUMENT POTWIERDZAJĄCY TOŻSAMOŚĆ I OBYWATELSTWO / TRAVEL DOCUMENT OR OTHER DOCUMENT CONFIRMING THE IDENTITY AND CITIZENSHIP / DOCUMENT DE VOYAGE OU AUTRE DOCUMENT JUSTIFIANT DE L'IDENTITÉ ET DE LA NATIONALITÉ** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Typ dokumentu / Document type / Type de document: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Seria / Series / Série: |  |  | Numer / Number / Numéro: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Data wydania / Date of issue / Date de délivrance: | |  |  |  |  | / |  |  | / |  |  | Data upływu ważności / Expiry date / Date de validité: | | | |  |  |  |  | / |  |  | / |  |  |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | | rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
|  |  |  |  |  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  |  |  |  |
| 4. Organ wydający / Issuing authority / Délivré par: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Liczba wpisanych osób / Number of entered persons / Nombre de personnes inscrites: | | | | | | | | | | | | | | |  |  |  | | | | | | | | |
| **C. ADRES MIEJSCA POBYTU NA TERYTORIUM RZECZYPOSPOLITEJ POLSKIEJ / ADDRESS OF THE PLACE OF STAY IN THE TERRITORY OF THE REPUBLIC OF POLAND / ADRESSE DU SÉJOUR SUR LE TERRITOIRE DE LA RÉPUBLIQUE DE POLOGNE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Miejscowość / City / Localité: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. Ulica / Street / Rue: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. Numer domu / House Number / Numéro du bâtiment: | | | | | |  |  |  |  |  |  |  | 4. Numer mieszkania / Apartment Number / Numéro d'appartement: | | | | | |  |  |  |  |  |  |  |
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| 5. Kod pocztowy / Postal code / Code postal: | | | | | |  |  | - |  |  |  |  | | | | | | | | | | | | | |
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| *strona 3 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. ADRES MIEJSCA ZAMELDOWANIA NA TERYTORIUM RZECZYPOSPOLITEJ POLSKIEJ / REGISTERED ADDRESS IN THE TERRITORY OF THE REPUBLIC OF POLAND / ADRESSE DU DOMICILE SUR LE TERRITOIRE DE LA RÉPUBLIQUE DE POLOGNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(jeżeli wnioskodawca został zameldowany) / (if the applicant has the registered address) / (si le demandeur a été enregistré)**  (zaznaczyć znakiem „X” odpowiednią rubrykę) / (tick the appropriate box with „X”) / (mettre un „X” dans la case adéquate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  |  |  | na pobyt stały / permanent residence / séjour permanent | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  |  |  | na pobyt czasowy trwający ponad 2 miesiące / temporary residence of over 2 months / séjour temporaire de plus de 2 mois | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Miejscowość / City / Localité: | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |
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| 2. Ulica / Street / Rue: | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |
|  | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |
| 3. Numer domu / House Number / Numéro du bâtiment: | | | | | | | | |  |  | |  |  |  |  |  | 4. Numer mieszkania / Apartment Number / Numéro d'appartement: | | | | | | |  |  |  | |  |  |  |  |
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| 5. Kod pocztowy / Postal code /Code postal: | | | | | | | | |  |  | | - |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |
| **E. UZASADNIENIE WNIOSKU** **/ JUSTIFICATION OF THE APPLICATION / JUSTIFICATION DE LA DEMANDE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Pobyt związany z / Residence related with / Séjour lié:**  (zaznaczyć znakiem „X” odpowiednią rubrykę) / (tick the appropriate box with „X”) / (mettre un „X” dans la case adéquate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | wykonywaniem pracy jako pracownik lub osoba pracująca na własny rachunek / the performance of work as an employee or a self-employed person / à l'accomplissement d'un travail en tant que salarié ou indépendant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |
|  |  |  | odbywaniem studiów lub szkolenia zawodowego / studies or vocational training / à des études ou à une formation professionnelle | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |
|  |  |  | pozostawaniem w związku małżeńskim z obywatelem Rzeczypospolitej Polskiej / being married to a Polish citizen / au mariage avec un citoyen de la République de Pologne | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |
|  |  |  | innymi okolicznościami / other circumstances / autres circonstances: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II. Członkowie rodziny przebywający na terytorium Rzeczypospolitej Polskiej, będący na utrzymaniu wnioskodawcy / Family members staying in the territory of the Republic of Poland, maintained by the applicant / Membres de famille demeurant sur le territoire de la République de Pologne, à la pension du demandeur:\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko / Forename and surname /  Prénom et nom | | | | | | | | Płeć /  Sex / Sexe\* | | | Data urodzenia /  Date of birth / Date de naissance | | | | | Stopień pokrewieństwa / Degree of kin / Degré de parenté | | | | | | Obywatelstwo / Citizenship / Nationalité | | | | | Miejsce zamieszkania / Place of domicile / Domicile | | | | |
| 1. | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | |
| 2. | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | |
| 3. | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | |
| 4. | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | |
| 5. | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | |
| 6. | | | | | | | |  | | |  | | | | |  | | | | | |  | | | | |  | | | | |
| \* Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *strona 4 z 7* | | | | | | | | | | |
| **Załączniki do wniosku / Annexes to the application / Pièces jointes à la demande:**  (załącza wnioskodawca) / (attached by the applicant) / (à joindre par le demandeur) | | | | | | | | | | |
| |  |  | | --- | --- | | 1. | ............................................................................................................................................................................................ | | 2. | ............................................................................................................................................................................................ | | 3. | ............................................................................................................................................................................................ | | 4. | ............................................................................................................................................................................................ | | 5. | ............................................................................................................................................................................................ | | 6. | ............................................................................................................................................................................................ | | 7. | ............................................................................................................................................................................................ | | 8. | ............................................................................................................................................................................................ | | 9. | ............................................................................................................................................................................................ | | 10. | ............................................................................................................................................................................................ |   **Oświadczam, że wszystkie dane zawarte we wniosku są zgodne z prawdą. / I hereby confirm that all data contained in the application are true. / Je déclare que toutes les données présentées dans la présente demande sont conformes à la vérité.** | | | | | | | | | | |
| Data i podpis wnioskodawcy / Date and signature of the applicant / Date et signature du demandeur: |  |  |  |  | / |  |  | / |  |  |
|  | rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
|  | ............................................................................ (podpis) / (signature) / (signature) | | | | | | | | | |
| **F. ADNOTACJE URZĘDOWE / OFFICIAL NOTES / ANNOTATIONS DE L'OFFICE**  (wypełnia organ przyjmujący wniosek) / (filled in by the authority receiving the application) / (à remplir par l'organe qui reçoit la demande) | | | | | | | | | | |
| Data, imię, nazwisko, stanowisko służbowe i podpis osoby przyjmującej wniosek / Date, forename, surname, function and signature of the person receiving the application / Date, prénom, nom, fonction et signature de la personne qui reçoit la demande: |  |  |  |  | / |  |  | / |  |  |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
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| *strona 5 z 7* | | | | | | | | | | | | | | | | | | | | | | |
| **G. ADNOTACJE URZĘDOWE / OFFICIAL NOTES / ANNOTATIONS DE L'OFFICE**  (wypełnia organ rozpatrujący wniosek) / (filled in by the authority examining the application) / (à remplir par l'organe chargée de l'instruction de la demande) | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Numer systemowy osoby /  System number of the person /  Numéro de la personne dans le système |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | Numer systemowy wniosku /  System number of the application / Numéro de la demande dans le système |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Data, imię, nazwisko, stanowisko służbowe i podpis osoby prowadzącej sprawę / Date, forename, surname, function and signature of the person handling the case / Date, prénom, nom, fonction et signature du fonctionnaire qui instruit le dossier: | | | | | | | | | | | | |  |  |  |  | / |  |  | / |  |  |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
|  | | | | | | | | | | | | | ............................................................................ (podpis) / (signature) / (signature) | | | | | | | | | |
| Rodzaj decyzji / Type of the decision / Type de la décision: |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
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| Data wydania decyzji / Date of issuing the decision / Décision délivrée le: |  |  |  |  | / |  |  | / | |  | |  |  | | | | | | | | | |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | | | | |
| Numer decyzji / Decision number / Numéro de la décision: |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| Data i podpis osoby odbierającej decyzję / Date and signature of the person collecting the decision / Date et signature du destinataire de la décision: | | | | | | | | | | | | |  |  |  |  | / |  |  | / |  |  |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
|  | | | | | | | | | | | | | ............................................................................ (podpis) / (signature) / (signature) | | | | | | | | | |
| Data zarejestrowania pobytu / Residence registration date / Date d'enregistrement du séjour: |  |  |  |  | / |  |  | / | |  | |  |  | | | | | | | | | |
| rok / year / année | | | | miesiąc / month / mois | | | | | dzień / day / jour | | | |  | | | | | | | | |
| **Wydane zaświadczenie o zarejestrowaniu pobytu obywatela Unii Europejskiej / Issued certificate of registering the residence of a European Union citizen / Certificat d'enregistrement du séjour d'un ressortissant de l'Union européenne délivré:**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Seria / Series / Série: |  |  | Numer / Number / Numéro: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Data wydania / Date of issue / Date de délivrance: |  |  |  |  | / |  |  | / | |  | |  |  | | | | | | | | | |
| rok / year / année | | | | miesiąc / month / mois | | | | | dzień /day / jour | | | |  | | | | | | | | |
| Organ wydający / Issuing authority / Autorité de délivrance: |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| Data i podpis osoby odbierającej zaświadczenie o zarejestrowaniu pobytu obywatela Unii Europejskiej / Date and signature of the person receiving the certificate of registering the residence of a European Union citizen / Date et signature du destinataire du certificat d'enregistrement le séjour d'un ressortissant de l'Union Européenne: | | | | | | | | | | | | |  | | | | | | | | | |
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| rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
|  | | | | | | | | | | | | | ............................................................................  (podpis) / (signature) / (signature) | | | | | | | | | |
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| *strona 6 z 7* | | |
| **H. WZÓR PODPISU / SIGNATURE SPECIMEN / MODÈLE DE SIGNATURE\*** | | |
|  |  |
| (podpis wnioskodawcy) / (signature of the applicant) / (signature du demandeur) | | |
| \*  Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | |
| *strona 7 z 7*  **POUCZENIE / INSTRUCTION / INSTRUCTION**   1. Wniosek dotyczy tylko jednej osoby.   The application refers to only one person.  Demande ne concerne qu'une personne.   1. Należy wypełnić wszystkie wymagane rubryki. W przypadku braku niezbędnych danych wniosek może być pozostawiony bez rozpoznania.   All required fields should be filled in. If necessary data are missed the application may be left unprocessed.  Il faut remplir toutes les cases demandées. En cas d'absence des données nécessaires, la demande peut rester sans instruction.   1. Formularz należy wypełnić czytelnie, drukowanymi literami wpisywanymi w odpowiednie kratki.   The application should be filled in eligibly, in capital letters entered into the appropriate boxes.  Le formulaire doit être rempli lisiblement, en majuscules inscrites dans les cases correspondantes.   1. Części A, B, C, D i E wypełnia wnioskodawca.   Parts A, B, C, D and E should be filled in by the applicant.  Les parties A, B, C, D et E sont à remplir par le demandeur.   1. Część E pkt II wypełnia wnioskodawca ubiegający się o zarejestrowanie pobytu w przypadku, o którym mowa w art. 16 pkt 2 lub 3 ustawy z dnia 14 lipca 2006 r. o wjeździe na terytorium Rzeczypospolitej Polskiej, pobycie oraz wyjeździe z tego terytorium obywateli państw członkowskich Unii Europejskiej i członków ich rodzin.   Part E point II should be filled in by the applicant applying for the registration of the residence in the case referred to in Article 16(2) or Article 16(3) of the Act of 14th July 2006 on citizens of the European Union Member States and members of their families entering, staying in and leaving the territory of the Republic of Poland.  La partie E point II sont à remplir par le demandeur d'enregistrement du séjour dans le cas visé à l'article 16 point 2 ou 3 de la loi du 14 juillet 2006 relative à l'entrée sur le territoire de la République de Pologne, au séjour et à la sortie de ce territoire des ressortissants des États membres de l'Union européenne et des membres de leurs familles.   1. Część F wypełnia organ przyjmujący wniosek.   Part F shall be filled in by the authority receiving the application.  La partie F est à remplir par l'autorité recevant la demande.   1. Część G wypełnia organ rozpatrujący wniosek.   Part G shall be filled in by the authority examining the application.  La partie G est à remplir par l'autorité chargée de l'instruction de la demande.   1. W części A w rubryce „płeć” należy wpisać „M” – dla mężczyzny, „K” – dla kobiety; w rubryce „stan cywilny” należy użyć jednego ze sformułowań: „panna”, „kawaler”, „mężatka”, „żonaty”, „rozwiedziona”, „rozwiedziony”, „wdowa”, „wdowiec”, „wolna”, „wolny”.   In part A in the „sex” field „M” should be entered for a male and „K” for a woman; in the „marital status” fields one of the following terms should be used: „unmarried”, „married”, „divorced”, „widow(er)”, „single”.  Dans la partie A, à la case „sexe” – inscrire „M” pour homme, „K” pour femme; rubrique „situation de famille”, utilisez une des formulations suivantes: „célibataire”, „mariée”, „marié”, „divorcée”, „divorcé”, „veuve”, „veuf”, „libre”.   1. Części H nie wypełnia osoba, która do dnia złożenia wniosku nie ukończyła 13. roku życia lub która z powodu swojej niepełnosprawności nie może złożyć podpisu samodzielnie. Podpis nie może wychodzić poza ramki.   Part H is not completed by a person who by the date of submitting the application is under 13 years of age or who, due to his / her disability, cannot sign by himself / by herself. The signature may not exceed the provided space.  La partie H n’est pas remplir par une personne qui, à la date de soumission de la demande, est âgée de moins de 13 ans ou qui, en raison de son handicap, ne peut signer seule à remplir par le demandeur qui sait écrire. La signature ne doit pas dépasser le cadre. | | |
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