Załącznik nr 4

**WZÓR FORMULARZA**

**WNIOSKU O WYMIANĘ / WYDANIE NOWEJ KARTY POBYTOWEJ** **CZŁONKOWI RODZINY OBYWATELA ZJEDNOCZONEGO KRÓLESTWA WIELKIEJ BRYTANII**

**I IRLANDII PÓŁNOCNEJ**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *Strona 1 z 8* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | |
|  | | | |  | | | | | | | | | | (miejsce i data złożenia wniosku) /  (place and date of submission of the application) /  (lieu et date du dépôt de la demande) | | | | | | | | | | | | | | | | | | | | | | |
| **Przed wypełnieniem wniosku proszę zapoznać się z pouczeniem zamieszczonym na stronie 8**  Prior to filling in the application please read the instruction with the notes on page 8  Avant de remplir la demande consultez l'instruction sur la page 8  **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 x 45 mm) | | | | | | | | | | | |
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| **WNIOSEK\***  **O WYMIANĘ / WYDANIE NOWEJ KARTY POBYTOWEJ**  **APPLICATION FOR REPLACEMENT / THE ISSUE OF THE NEW RESIDENCE CARD**  **DEMANDE D'ÉCHANGE/ DE DÉLIVRANCE DE LA NOUVELLE CARTE DE SÉJOUR**  (niepotrzebne skreślić) /(delete as appropriate) / (rayer la mention inutile) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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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. Nazwisko poprzednie / Previous surname / Nom précédents: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 3. Imię (imiona) / Name (names) / Prénom (prénoms): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 4. Imię ojca / Father's name / Prénom du père: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 5. Imię matki / Mother's name / 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 (appelation du pays): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 10. Obywatelstwo / Citizenship / Nationalité: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 11. Stan cywilny / Marital status / Situation de famille:\* | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| \*  Patrz: **POUCZENIE** - str. 8 / see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *Strona 2 z 8* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Numer PESEL (jeśli został nadany) / PESEL number (if granted) / Numéro PESEL (si attribué): | | | | | | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **B. DOKUMENT PODRÓŻY / TRAVEL DOCUMENT / DOCUMENT DE VOYAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Seria / Series / Série: |  | |  | | Numer / Number / Numéro: | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. 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 | |
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| 3. Organ wydający / Issuing authority / Autiruté de délivrance: | | | | | | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4. Liczba wpisanych osób / Number of entered persons / Nombre de personnes inscrites: | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | |
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| **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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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | |  | | na pobyt czasowy trwający ponad 2 miesiące / temporary residence of over 2 months / séjour temporaire de plus de 2 mois | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | |  | |  | | - | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* Patrz: **POUCZENIE** - str. 8 / see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *Strona 3 z 8* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. UZASADNIENIE WNIOSKU/ JUSTIFICATION OF THE APPLICATION / JUSTIFICATION DE LA DEMANDE**  (zaznaczyć znakiem „X” odpowiednią rubrykę) / (tick the appropriate box with “X”) / (mettre un “X” dans la case adéquat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Przyczyna wymiany karty pobytowej / Reason for replacement of the residence card / Raison de l'échange de la carte de séjour** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | zmiana danych w niej zamieszczonych / change of data contained in the document / changement des données incluses dans le document | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | zniszczenie / damage / destruction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | zmiana wyglądu jej posiadacza utrudniająca ustalenie jego tożsamości / change of appearance of the holder making difficult the determination of his/here identity / changement dans l’apparence qui rend difficile l’identification de l’individu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  | | --- | --- | |  | upływ terminu ważności posiadanej karty pobytowej / expiry of the validity period of the residence card held so far / expiration de la période de validité de la carte de séjour précédant | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Przyczyna wydania nowej karty pobytowej/ Reason for the issue of the new residence card/ Raison de délivrance de la nouvelle carte de séjour** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | utrata dotychczas posiadanej karty pobytowej / loss of the residence card held so far /perte de la carte de séjour possédée jusqu'à present  konieczność uzyskania nowej karty pobytowej w miejsce karty pobytu członka rodziny obywatela UE / the need to obtain a new residence card in place of a residence card of a family member of an European Union citizen / la nécessité d'obtenir nouvelle carte de séjour à la place de la carte de séjour de membre de la famille d'un ressortissant de l'Union européenne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Poprzednia karta pobytowa / Former residence card / La carte de séjour précédente:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
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| Data upływu ważności / Expiry date / Date de | | | | | | | | | | |  |  |  |  | | / | |  | |  | / | |  | |  | |  | | | | | | | | | |
| validité: | | | | | | | | | | | rok / year / année | | | | | miesiąc / month / mois | | | | | | | dzień / day /        jour | | | | | | | | | | | | | |
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| \* Patrz: **POUCZENIE** - str. 8/ see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *Strona 4 z 8*  **Załączniki do wniosku / Annexes to the application / Pièces jointes à la demande:**  (załącza wnioskodawca) / (attached by the applicant) / (à joindre par le demandeur) | | | | | | | | | | | | | | | | | | | | |
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| 4. .............................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | |
| 5. .............................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | |
| 6. .............................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | |
| 7. .............................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | |
| 8. .............................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | |
| 9. .............................................................................................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | |
| 10. ............................................................................................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | |
| 11. ............................................................................................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | |
| 12. ............................................................................................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | | | |
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| **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, name, 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 | | | | |
|  | | ...........................................................................  (podpis) / (signature) / (signature) | | | | | | | | | | | | | | | | | | | | |
| \*  Patrz: **POUCZENIE** - str. 8/ see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | | | | | | | | | | | | | | | | | | | | |

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| *Strona 5 z 8* | | | | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | | | | | | |
| Informacja o palcach, których odciski zostały umieszczone w karcie pobytowej (zaznaczyć krzyżykiem), lub przyczyna braku możliwości pobrania odcisków palców / Information about fingers, the prints of which were placed on a residence card (tick as appropriate), or the reason of impossibility of taking fingerprints / L’information sur les doigts dont on a relevé les empreintes digitales, enregistrées sur la carte de séjour (cochez la case), ou la cause de l’impossibilité de relever les empreintes digitales | | | | | | | | | | | | | | | | | | | | | | |
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| Data, imię, nazwisko, stanowisko służbowe i podpis osoby prowadzącej sprawę / Date, name, 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 | | |
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| Rodzaj decyzji / Type of the decision / Type de la décision: |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |
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| Data wydania decyzji / Date of issuing the decision / Décision delivrée le: |  |  |  |  | | / |  |  | / | |  |  |  | | | | | | | | | | |
| rok / year / année | | | | miesiąc / month / mois | | | | | dzień / day / jour | | | |  | | | | | | | | | |
| Numer decyzji / Decision number / Numéro de la décision: |  |  |  |  | |  |  |  | | | | | | | | | | | | | | | |
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| Data i podpis osoby odbierającej decyzję / Date and signature of the person collecting the decision / Date et signature du destinataire de la décision: | | | | | | | | | | | | |  |  |  |  | / |  |  | / |  |  | |
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| \*  Patrz: **POUCZENIE** - str. 8/ see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | | | | | | | | | | | | | | | | | | | | | | |

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| *Strona 6 z 8* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wydana karta pobytowa / Issued residence card / Carte deséjour:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seria / Series / Série: |  |  | Numer / Number / Numéro: | | | |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
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| 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 | |
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| Organ wydający / Issuing authority / | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Autorité de délivrance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data i podpis osoby odbierającej kartę pobytową / Date and signature of the person receiving the residence card / Date et signature du destinataire de la carte de séjour: | | | | | | | | | | | | | | | | |  |  |  |  | / |  |  | / |  |  |
| rok / year / année | | | | miesiąc / month / mois | | | | dzień /  day /jour | |
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| \* Patrz: **POUCZENIE** - str. 8 / see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *Strona 7 z 8* | | |
| **H. WZÓR PODPISU / SIGNATURE SPECIMEN / MODÈLE DE SIGNATURE\*** | | |
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| (podpis wnioskodawcy) / (signature of the applicant) / (signature du demandeur) | | |
| \* Patrz: **POUCZENIE** - str. 8 / see: **INSTRUCTION** - page 8 / voir: **INSTRUCTION** - page 8. | | |

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| *Strona 8 z 8* |
| **\* POUCZENIE / INSTRUCTION / INSTRUCTION** |
| 1. Wniosek dotyczy członka rodziny obywatela Zjednoczonego Królestwa Wielkiej Brytanii i Irlandii Północnej, jeżeli członek rodziny nie posiada obywatelstwa ww. państwa i jest objęty Umową o Wystąpieniu Zjednoczonego Królestwa Wielkiej Brytanii i Irlandii Północnej z Unii Europejskiej i Europejskiej Wspólnoty Energii Atomowej.  The application concerns a family member of a citizen of the United Kingdom of Great Britain and Northern Ireland, if the family member is not a citizen of the above-mentioned state and is covered by the Agreement on the Withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community.  La demande concerne un membre de famille d'un ressortissant d'u Royaume-Uni de Grande-Bretagne et d'Irlande du Nord s'il n'a pas nationalité de État visés ci-dessus et est couvert par l'Accord sur le retrait du Royaume-Uni de Grande-Bretagne et d'Irlande du Nord de l'Union européenne et de la Communauté européenne de l'énergie atomique.  2. Wniosek dotyczy tylko jednej osoby.  The application refers to only one person.  Demande ne concerne qu'une personne.  3. 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.  4. 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.  5. 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.  6. 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.  7. Część G wypełnia organ rozpatrujący wniosek.  Part G shall be filled in by the authority processing the application.  La partie G est à remplir par l'autorité chargée de l'instruction de la demande.  8. W części A w rubryce „płeć” należy wpisać M - dla mężczyzny, K - dla kobiety; w rubryce „stan cywilny” należy użyć 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 women; in „marital status” fields the following terms should be used: unmarried, married, divorced, widow(er), single.  Dans la partie A, rubrique „sexe” - inscrire „M” pour un homme, „K” pour une femme; rubrique „situation de famille”, utilisez une des formulations suivantes: célibataire, mariée, marié, divorcée, divorcé, veuve, veuf, libre.  9. 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 should be filled in by the literate applicant. The signature may not exceed the box.  La partie H est à remplir par le demandeur qui sait écrire. La signature ne doit pas dépasser l'encadrement. |
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