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|  | | | | *strona 1 z 6* | | | | | | | | | .................................................................................... | | | | | | | | | | | | | | | | | | | | | |
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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 6**  Prior to filling in the application please read the instruction with the notes on page 6  Avant de remplir la demande consultez l'instruction sur la page 6  **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 WYMIANĘ / WYDANIE NOWEGO ZAŚWIADCZENIA O ZAREJESTROWANIU POBYTU OBYWATELA UNII EUROPEJSKIEJ**  **APPLICATION**  **FOR THE REPLACEMENT / ISSUE OF A NEW CERTIFICATE OF REGISTERING THE RESIDENCE**  **OF A EUROPEAN UNION CITIZEN**  **DEMANDE**  **D'ÉCHANGE / DE DÉLIVRANCE D'UN NOUVEAU CERTIFICAT D'ENREGISTREMENT DU SÉJOUR**  **D'UN RESSORTISSANT DE L'UNION EUROPÉENNE\***  (niepotrzebne skreślić) / (delete as appropriate) / (rayer la mention inutile) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **do / to / à ....................................................................................................................................................................................................** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (nazwa organu, do którego jest składany 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Nazwisko (nazwiska) / Surname (surnames) / Nom (noms): | |  |  | |  |  |  |  |  |  |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  |
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| 2. Imię (imiona) / Forename (forenames) / Prénom (prénoms): | |  |  | |  |  |  |  |  |  |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  |
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| \*  Patrz: **POUCZENIE** – str. 6 / see: **INSTRUCTION** – page 6 / voir: **INSTRUCTION** – page 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *strona 2 z 6* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Data urodzenia / Date of birth / Date de naissance: | | | | | | | |  |  |  |  | **/** |  |  | | **/** |  |  | 4. Płeć / Sex / Sexe:\* | | | | | | |  |  | |
| rok / year / année | | | | miesiąc / month / mois | | | | | dzień / day / jour | | |  |  |  |  |  |  |  |  |  |
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| 5. Miejsce urodzenia / Place of birth / Lieu de naissance: | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6. Obywatelstwo / Citizenship / Nationalité: | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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: | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. Seria / Series / Série: |  | | |  | |  |  | Numer / Number / Numéro: | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. Data wydania / Date of |  | | |  | |  |  | **/** |  |  | **/** |  |  | Data upływu ważności / Expiry date / Date de validité: | | | | |  |  |  |  | **/** |  |  | **/** |  |  |
| issue / Date de délivrance: | | rok / year / année | | | | | | miesiąc / month / mois | | | | dzień / day / jour | | rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
| 4. Organ wydający / Issuing authority / Autorité de délivrance: | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5. 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: | | | | | | | |  |  | - |  |  |  |  | | | | | | | | | | | | | | |
| **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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| 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. 6 / see: **INSTRUCTION** – page 6 / voir: **INSTRUCTION** – page 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *strona 3 z 6* | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 adéquate) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Przyczyna wymiany zaświadczenia o zarejestrowaniu pobytu obywatela Unii Europejskiej / Reason for the replacement of the certificate of registering the residence of a European Union citizen/ Raison de l'échange du certificat d'enregistrement du séjour d'un ressortissant de l'Union Européenne:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | zmiana danych w nim zamieszczonych / change of data contained in the document / changement des données y figurant | | | | | | | | | | | | | | | | | | | | |
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|  |  | |  | uszkodzenie / damage / dégradation  zmiana wizerunku twarzy posiadacza zaświadczenia o zarejestrowaniu pobytu obywatela Unii Europejskiej w stosunku do wizerunku twarzy umieszczonego w tym zaświadczeniu w stopniu utrudniającym lub uniemożliwiającym identyfikację posiadacza zaświadczenia / change of appearance making difficult the determination of the identity / changement dans l’apparence qui rend difficile l’identification de l’individu  utrata dotychczas posiadanego zaświadczenia o zarejestrowaniu pobytu obywatela Unii Europejskiej / loss of the certificate of registering the residence of a European Union citizen held so far / perte possédée jusqu'à present du certificat d'enregistrement du séjour d'un ressortissant de l'Union Européenne | | | | | | | | | | | | | | | | | | | | |
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| 1. **Przyczyna wydania nowego zaświadczenia o zarejestrowaniu pobytu obywatela Unii Europejskiej / Reason for the issue of a new certificate of registering the residence of a European Union citizen / Raison de la délivrance du nouveau certificate d'enregistrement du séjour d'un ressortissant de l'Union Européenne:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | upływ terminu ważności posiadanego zaświadczenia o zarejestrowaniu pobytu obywatela Unii Europejskiej / expiry of the validity period of the certificate of registering the residence of a European Union citizen held so far / expiration de la période de validité du certificat d'enregistrement du séjour d'un ressortissant de l'Union Européenne précédant | | | | | | | | | | | | | | | | | | | | |
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| **Załączniki do wniosku / Annexes to the application / Pièces jointes à la demande:**  (załącza wnioskodawca) / (attached by the applicant) / (à joindre par le demandeur) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | ............................................................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | |
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| 8. | | ............................................................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | |
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| *strona 4 z 6* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | |
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| **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 qui reçoit 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 |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wydane zaświadczenie o zarejestrowaniu pobytu obywatela Unii Europejskiej / A certificate of registering the residence of a European Union citizen has been issued / Certificat d'enregistrement du séjour d'un ressortissant de l'Union Européenne délivré:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 certificate d'enregistrement le séjourd'un ressortissant de l'Union Européenne: |  |  |  |  | / | |  |  | / |  | |  | | rok / year / année | | | | | miesiąc / month / mois | | | | | dzień /  day / jour | | | |  | .............................................................................(podpis) / (signature) / (signature) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *strona 5 z 6*  **H. WZÓR PODPISU** / **SIGNATURE SPECIMEN / MODÈLE DE SIGNATURE**\* | | |
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| (podpis wnioskodawcy) / (signature of the applicant) / (signature du demandeur) | | |
| \*  Patrz: **POUCZENIE** – str. 6 / see: **INSTRUCTION** – page 6 / voir: **INSTRUCTION** – page 6. | | |

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| *strona 6 z 6* |
| **POUCZENIE / INSTRUCTION / INSTRUCTION** |
| 1. Wniosek dotyczy tylko jednej osoby.  The application refers to only one person.  Demande ne concerne qu'une personne.  2. 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.  3. 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.  4. 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.  5. Część F wypełnia organ rozpatrujący wniosek.  Part F shall be filled in by the authority examining the application.  La partie F est à remplir par l'autorité chargée de l'instruction de la demande.  6. W części A w rubryce „płeć” należy wpisać „M” – dla mężczyzny, „K” – dla kobiety.  In part A in the „sex” field „M” should be entered for a male and „K” for a woman.  Dans la partie A, rubrique „sexe” – inscire „M” pour un homme, „K” pour une femme.   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. |