

APPLICATION FOR APOSTILLE

(Application should be completed by the holder of documents)

Personal details ¹⁾
Name:
Surname:
Street:
Number of the building:
Number of the apartment:
Post code:
City:
Country:
E-mail:
Phone:

¹⁾ The application must be completed legibly

I apply for apostille for the following documents: (Name of the document and name of its holder – if different)	Number of documents ²⁾
Total number of documents:	

²⁾ Number of documents, not pages in documents

I attach the confirmation of payment to the account of Centrum Obsługi Podatnika for the amount of:	zł
---	----

Way of receipt of the certified documents (please chose ONE option):

Please send by post to the address	
	Name of the institution ³⁾ : Name: Surname: Street: Number of the building: Number of the apartment: Post code: City: Country:

³⁾ *If applies*

Collected personally	
-----------------------------	--

Collected by an authorized person ⁴⁾	
	Name and surname: Date of birth: E-mail: Phone:

⁴⁾ *Information about the authorized person*

Additional remarks:

Declarations	
I declare that the information given in this application form is true and accurate. I am aware of criminal responsibility for testifying untruthfully or concealing the truth.	
I confirm that I have read and understood the contents of the obligatory information provided under GDPR, made available to me by NAWA. If I authorize another person to collect the documents, I undertake to communicate the contents of the obligatory information to that person.	

Place and date	Signature of the holder ⁵⁾

⁵⁾ *handwritten signature (not a scan, not a photocopy)*