



Narodowa Agencja Wymiany Akademickiej
ul. Polna 40
00-635 Warszawa

Place, date

Application should be completed and signed by the holder of documents.

Application for APOSTILLE

Name and surname

Street, building number,
flat number

Post code, city, country

E-mail

Phone

I apply for apostille for the following documents:

Name of the document and name of its holder (if changed)

Number of documents

Total number of 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:

Collected personally

Collected by an authorised person

Name and surname of the authorised person:

Date of birth of the authorized person:

Contact to the authorised person (e-mail or phone):

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 authorise another person to collect the documents, I undertake to communicate the contents of the obligatory information to that person.

Signature of the holder