



**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 AUTHENTICATION

Name and surname

Street, building number,  
flat number

Postal code, city, country

Phone

E-mail

#### I apply for authentication 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 Narodowa Agencja Wymiany Akademickiej 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 (phone or e-mail):

After authentication made by the Polish National Agency for Academic Exchange, your documents should be presented in the Ministry of Foreign Affairs which is a competent authority to legalize Polish documents <https://www.gov.pl/web/diplomacy/certification-of-documents>.

**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*