**ZLECENIE W TRYBIE AWARYJNYM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3 | | | 7 | | - | |  | |  | |  | |  | | |  | |  | |  | |  | |  | | | | | |  | |  | |  | |  | | |  |  | - |  |  | - |  |  |  |  |
|  | | |  | |  | | Numer Uczestnictwa | | | | | | | | | | | | | | | | |  | | Numer zlecenie | | | | | | | | | | | |  | Data przyjęcia zlecenia | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ZLECENIE: | | | | | | | | | | | | |  | | | Ustanowienie Osoby Uposażonej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | |  | | | Odwołanie Osoby Uposażonej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Dane Uczestnika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data urodzenia: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Pesel: | | | | | | | |  | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kraj urodzenia: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Obywatelstwo: | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dokument tożsamości (niepotrzebne skreślić): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | Seria i numer dokumentu | | | | | | | | | | | | | | | | | Data wydania dokumentu | | | | | | | | | | | Data ważności dokumentu | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dowód osobisty: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| mDowód: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paszport: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | |  | | | Rezydent | | | | | | | | | | | |  | | Nierezydent–kraj rezydencji: | | | | | | | | | | |  | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adres stały: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Miejscowość: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Kod pocztowy: | | | | |  | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ulica, nr domu/lokalu: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Kraj: | | | | |  | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Dane Przedstawiciela Ustawowego/Pełnomocnika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Imię i Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data urodzenia: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Pesel: | | | | | | | |  | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kraj urodzenia: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Obywatelstwo: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Dokument tożsamości (niepotrzebne skreślić): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Seria i numer dokumentu | | | | | | | | | | | | | | | | | | Data wydania dokumentu | | | | | | | | | | | Data ważności dokumentu | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dowód osobisty: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| mDowód: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paszport: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |  | | | Rezydent: | | | | | | | | | | | | |  | | Nierezydent–kraj rezydencji: | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adres stały: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Miejscowość: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Kod pocztowy: | | | | |  | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ulica, nr domu/lokalu: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Kraj: | | | | |  | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Dane Osoby Uposażonej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Udział procentowy: | | | | | | | | | | | |  | | | | | | | | | % | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i Nazwisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data urodzenia: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Pesel: | | | | | | | |  | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kraj urodzenia: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Obywatelstwo: | | | | | | | |  | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dokument tożsamości (niepotrzebne skreślić): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | Seria i numer dokumentu | | | | | | | | | | | | | | | | | | Data wydania dokumentu | | | | | | | | | | | Data ważności dokumentu | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| Dowód osobisty: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| mDowód: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paszport: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |  | | | Rezydent | | | | | | | | | | | | |  | | Nierezydent–kraj rezydencji: | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | | | | | |
| Adres stały: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | | | | | | | |
| Miejscowość: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Kod pocztowy: | | | | |  | | | | |
|  | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Ulica, nr domu/lokalu: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Kraj: | | | | |  | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urząd skarbowy właściwy dla Osoby Uposażonej wraz z adresem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Składający zlecenie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | Uczestnik | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Przedstawiciel Ustawowy/Pełnomocnik | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Inna Osoba-rola: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dane I Osoby składającej zlecenie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Data urodzenia: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Pesel: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Kraj urodzenia: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Obywatelstwo: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Dokument tożsamości (niepotrzebne skreślić): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | Seria i numer dokumentu | | | | | | | | | | | | | | | | | | | | | | Data wydania dokumentu | | | | | | | | | | | | | | | | | | | | | | | | Data ważności dokumentu | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Dowód osobisty: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| mDowód: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Paszport: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Status dewizowy: | | | | | | | | | | | | | | | | | | |  | | Rezydent | | | | | | | | | | | | | | | | | |  | | Nierezydent-kraj rezydencji: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Adres stały: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejscowość: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kod pocztowy: | | | | | | | | | | | |  | | | | | | | | | | | |
|  | |  | | | |  | | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Ulica, nr domu/lokalu: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kraj: | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Dane II Osoby składającej zlecenie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Data urodzenia: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Pesel: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |
| Kraj urodzenia: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Obywatelstwo: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Dokument tożsamości (niepotrzebne skreślić): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | Seria i numer dokumentu | | | | | | | | | | | | | | | | | | | | | | Data wydania dokumentu | | | | | | | | | | | | | | | | | | | | | | | | Data ważności dokumentu | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Dowód osobisty: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| mDowód: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Paszport: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status dewizowy: | | | | | | | | | | | | | | | | | | |  | | Rezydent | | | | | | | | | | | | | | | | | |  | | Nierezydent-kraj rezydencji: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | |  |  | |  | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | |
| Adres stały: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Miejscowość: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kod pocztowy: | | | | | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Ulica, nr domu/lokalu: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kraj: | | | | | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |
| 1. Oświadczenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
| 1. Oświadczam, iż zostały mi przedstawione Kluczowe Informacje dla Inwestorów Caspar Parasolowy FIO oraz akceptuję ich treść. 2. Zostałem/am poinformowany/a, że na moje żądanie Fundusz bezpłatnie doręczy mi roczne i półroczne połączone sprawozdanie finansowe Funduszu oraz sprawozdania finansowe Subfunduszy, a także Prospekt Informacyjny. Powyższe dokumenty są dostępne również we wszystkich miejscach zbywania Jednostek Uczestnictwa oraz na stronie internetowej [www.caspar.com.pl](http://www.caspar.com.pl). 3. Potwierdzam, że są mi znane zasady i terminy realizacji zleceń, aktualnie obowiązująca tabela opłat oraz zasady opodatkowania dochodów z tytułu uczestnictwa w Funduszu. 4. Zostałem/am poinformowany/a, że z uczestnictwem w Funduszu wiąże się ryzyko, szczegółowo opisane w Prospekcie Informacyjnym. Mam świadomość, że wszystkie Subfundusze, wchodzące w skład Funduszu cechują się dużą zmiennością ze względu na skład portfela inwestycyjnego, oraz że Subfundusze Caspar Stabilny, Caspar Globalny i Caspar Obligacji mogą lokować większość aktywów w inne kategorie lokat niż papiery wartościowe lub instrumenty rynku pieniężnego, tj. w tytuły uczestnictwa lub instrumenty dłużne. 5. Zostałem/am poinformowany/a, że szczegółowe zasady składania i rozpatrywania skarg i reklamacji opisane są w Polityce rozpatrywania skarg i reklamacji znajdującej się na stronie internetowej Towarzystwa www.caspar.com.pl. 6. Potwierdzam, że podane powyżej dane są pełne, poprawne, aktualne i zgodne z moją intencją. W przypadku zmiany tych danych zobowiązuję się do niezwłocznej ich aktualizacji. Jestem świadomy/a, że w przypadku błędów lub nieścisłości może nastąpić opóźnienie w rozliczeniu zlecenia lub brak realizacji zlecenia. 7. Zostałem/am poinformowany/a, że: 8. moje dane osobowe w związku z moim uczestnictwem w Funduszu są administrowane przez Caspar Parasolowy Fundusz Inwestycyjny Otwarty, reprezentowany przez Caspar Towarzystwo Funduszy Inwestycyjnych SA z siedzibą w Poznaniu przy ulicy Półwiejskiej 32, 61-888 Poznań; 9. celem przetwarzania moich danych osobowych przez Fundusz jest realizacja moich zleceń związanych z uczestnictwem w Funduszu na zasadach określonych w ustawie z dnia 27 maja 2004 r. o funduszach inwestycyjnych i zarządzaniu alternatywnymi funduszami inwestycyjnymi (t. j. Dz. U. z 2018 r., poz. 1355, ze zm.). Podanie danych osobowych jest dobrowolne, ale konieczne do realizacji tych zleceń; 10. Fundusz przetwarza moje dane osobowe również na potrzeby prowadzonej działalności w celach statystycznych, analitycznych, monitorowania ryzyka operacyjnego, rozpatrywania reklamacji, dochodzenia roszczeń, archiwizacji, realizacji obowiązków wynikających z przepisów prawa, w szczególności MIFID, AML, FATCA, CRS, a także w celu przekazywania materiałów marketingowych dotyczących Funduszu; 11. Fundusz przetwarza moje dane osobowe przez okres mojego uczestnictwa w Funduszu, a następnie przez okres 6 lat liczony od daty wyceny ostatniego umorzenia na uczestnictwie; 12. mam prawo dostępu i sprostowania moich danych osobowych oraz prawo do ich przeniesienia, a także do wniesienia skargi na Fundusz w związku z przetwarzaniem danych osobowych; skargę należy wnosić do Prezesa Urzędu Ochrony Danych Osobowych; 13. mam także prawo do żądania usunięcia moich danych osobowych, żądania ograniczenia ich przetwarzania oraz wniesienia sprzeciwu wobec ich przetwarzania, jednak skorzystanie z tych praw uniemożliwi uczestnictwo w Funduszu i będzie skutkować odkupieniem moich jednostek uczestnictwa przez Fundusz; 14. Fundusz powierzył przetwarzanie moich danych osobowych Agentowi Transferowemu – ProService Finteco sp. z o.o. oraz Dystrybutorowi, za pośrednictwem którego jest przyjmowane dane zlecenie; 15. funkcję Inspektora Ochrony Danych Osobowych pełni pracownik Towarzystwa, z którym można się skontaktować pod adresem [iodo@caspartfi.pl](mailto:iodo@caspartfi.pl). 16. Zgodnie z postanowieniami art. 111 ust. 1 pkt 2 Ustawy o funduszach inwestycyjnych, w przypadku mojej śmierci powyżej wskazana osoba uzyska uprawnienie do złożenia zlecenia odkupienia Jednostek Uczestnictwa i uzyskania środków w kwocie nie większej niż:   a) powyżej wskazany udział procentowy Jednostek Uczestnictwa należących do Uczestnika Funduszu,  b) saldo Jednostek Uczestnictwa należących do Uczestnika Funduszu,  c) przypadające na ostatni miesiąc przed śmiercią Uczestnika Funduszu dwudziestokrotne przeciętne miesięczne wynagrodzenie w sektorze przedsiębiorstw bez wypłat nagród z zysku, ogłaszane przez Prezesa Głównego Urzędu Statystycznego oraz nieprzekraczającej łącznej wartości Jednostek Uczestnictwa zapisanych w Rejestrze Uczestnika, oraz wypłacić tej osobie kwotę uzyskaną z tego odkupienia.  Niniejsze zlecenie obejmuje wszystkie Subrejestrów Uczestnika, również te otwartych po dacie złożenia niniejszego zlecenia.  Ustanowienie/ odwołanie zapisu na wypadek śmierci jest równoznaczne z unieważnieniem wcześniej złożonych zleceń ustanowienia zapisu na wypadek śmierci. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |
| Podpis Składającego/-cych zlecenie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | | Podpis Składającego/-cych zlecenie | | | | | | | | | | | | | | | | | | | | | | |
| Oświadczam, że dokonałem poprawnej identyfikacji i weryfikacji tożsamości Klienta/ Uczestnika, przedstawiciela ustawowego i/lub pełnomocnika. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko Pracownika Dystrybutora/ Towarzystwa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numer identyfikacyjny Pracownika Dystrybutora/ Towarzystwa – PESEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nazwa Dystrybutora/ Towarzystwa oraz numer POK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Podpis Pracownika  Dystrybutora/ Towarzystwa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
| Stempel Dystrybutora/ Towarzystwa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  | | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |