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| **Imię i nazwisko / name and surname** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Login**  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

***Oświadczenie***

*Niniejszym oświadczam, że zmieniłem/am następujące dane osobowe\* :*

***Statement***

*I hereby declare that my personal data has changed as follows\* :*

*\*W przypadku zmian, proszę wpisać aktualne dane we właściwe pola. Jeśli dane pozostają bez zmian, proszę o wpisanie „Bez zmian”. Dokument proszę wypełniać drukowanymi literami.*

***Zmianę adresu, numeru telefonu, adresu e-mail oraz dane osoby do kontaktu należy wprowadzić na <http://hub.amazon.work>***

***\*****In case any data change occurred, please fill in the updated information in the appropriate box. If the data remains unchanged, please state “No change”. The document has be filled with capital letter*

***You can change address, phone number, e-mail address and contact person on*** [***http://hub.amazon.work***](http://hub.amazon.work)

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| --- |
| **Adres zameldowania / Permanent address** |
| **Miejscowość / City** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   | **Kod pocztowy / Postal Code** |   |   | **-** |   |   |   |
| **Ulica / Street** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Numer domu / House number** |   |   |   |   |   | **Numer mieszkania / Flat number** |   |   |   |   |
| **Poczta / Post Office** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Gmina / Commune**  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Województwo / Voivodeship** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| **Urząd skarbowy / Tax Office**  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| **Nardowy Fundusz Zdrowia (NFZ) / National Health Service (NHS)** |   |   |   |   |   |   |   |   |   |
| **Seria i numer dowodu osobistego / National ID card number** |   |   |   |   |   |   |   |   |   |   |
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 *(data/date) (Podpis pracownika / Employee’s signature)*

