|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *strona 1 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | .................................................................................... | | | | | | | | | | | | | | | | | | | | | | |
| ........................................................................... | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | |  | |  | |  | | | | / | |  | |  | | / | |  | |  | |
| (pieczęć organu przyjmującego wniosek) /  (stamp of the authority receiving the application) /  (cachet de l'autorité qui reçoit la demande) | | | |  | | | | | | | | | | rok / year / année | | | | | | | | | | miesiąc / month / mois | | | | | | | | dzień / day / jour | | | | |
|  | | | |  | | | | | | | | | | (miejsce i data złożenia wniosku) /  (place and date of submission of the application) /  (lieu et date du dépôt de la demande) | | | | | | | | | | | | | | | | | | | | | | |
| **Przed wypełnieniem wniosku proszę zapoznać się z pouczeniem zamieszczonym na stronie 7**  Prior to filling in the application please read the instruction with the notes on page 7  Avant de remplir la demande consultez l'instruction sur la page 7  **Wniosek wypełnia się w języku polskim**  The application should be filled in Polish language  La demande doit être remplie en langue polonaise | | | | | | | | | | | | | | | | | | | | |  | | fotografia / photo / photographie  (35 mm × 45 mm) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **WNIOSEK O WYDANIE KARTY STAŁEGO POBYTU**  **APPLICATION FOR THE ISSUE OF THE PERMANENT RESIDENCE CARD**  **DEMANDE DE DÉLIVERANCE DE LA CARTE DE SÉJOUR PERMANENT\*** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **do / to / à** | **............................................................................................................................................................................................** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (nazwa organu, do którego składany jest wniosek) /  (name of the authority the application is submitted to) / (dénomination de l'autorité où la demande est déposée) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. DANE OSOBOWE / PERSONAL DATA / DONNÉES PERSONNELLES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| wypełnia wnioskodawca / to be filled in by the applicant / à remplir par le demandeur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Nazwisko (nazwiska) / Surname (surnames) / Nom (noms): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 2. Nazwiska poprzednie (w tym rodowe) / Previous surnames (including family name) / Noms      précédents (y compris le nom de famille): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 3. Imię (imiona) / Forename (forenames) / Prénom (prénoms): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 4. Imię ojca / Father's forename / Prénom du père: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Imię matki / Mother's forename / Prénom de la mère: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 6. Data urodzenia / Date of birth / Date de naissance: | |  |  | |  |  | / |  |  | / | |  |  | | 7. Płeć / Sex / Sexe:\* | | | | | | | | | | | |  | |  | | | | | | | |
|  | | rok / year / année | | | | | miesiąc / month / mois | | | | dzień / day /  jour | | | | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 8. Miejsce urodzenia / Place of birth / Lieu de naissance: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 9. Kraj urodzenia (nazwa państwa) / Country of birth (name of the country) / Pays de naissance (appelation du pays): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| 10. Obywatelstwa / Citizenships / Nationalités: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
|  | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| \* Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *strona 2 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Stan cywilny / Marital status / Situation de famille:\* | | | | | | | | | |  | |  | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 12. Rysopis / Description / Signalement: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Wzrost / Height / Taille: |  |  |  | cm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Kolor oczu / Colour of eyes / Couleur des yeux: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Znaki szczególne / Special marks / Signes particuliers: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Numer PESEL (jeśli został nadany) / PESEL number (if granted) / Numéro PESEL (si attribué): | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. DOKUMENT PODRÓŻY / TRAVEL DOCUMENT / DOCUMENT DE VOYAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Seria / Series / Série: |  | |  | | Numer / Number / Numéro: | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Data wydania / Date | | |  | |  | |  |  | | / | | |  | |  | / |  |  | 3. Data upływu ważności / Expiry date / Date de validité: | | | | |  |  |  |  | / |  |  | / |  |  |
| of issue / Date de  délivrance: | | | | | rok / year / année | | | | | miesiąc / month / mois | | | | | | | dzień / day / jour | | rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | |
|  | | |  | |  | |  |  | |  | | |  | |  |  |  |  |  | | | | |  |  |  |  |  |  |  |  |  |  |
| 4. Organ wydający / Issuing authority / Autorité de délivrance: | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Liczba wpisanych osób / Number of entered persons / Nombre de personnes inscrites: | | | | | | | | | |  | | |  | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | |
| **C. ADRES MIEJSCA POBYTU NA TERYTORIUM RZECZYPOSPOLITEJ POLSKIEJ / ADDRESS OF THE PLACE OF STAY IN THE TERRITORY OF THE REPUBLIC OF POLAND / ADRESSE DU SÉJOUR SUR LE TERRITOIRE DE LA RÉPUBLIQUE DE POLOGNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Miejscowość / City / Localité: | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Ulica / Street / Rue: | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Numer domu / House Number / Numéro du bâtiment: | | | | | | | | | |  | | |  | |  |  |  |  |  | | 4. Numer mieszkania / Apartment Number / Numéro d'appartement: | | | | | |  |  |  |  |  |  |  |
|  | | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| 5. Kod pocztowy / Postal code / Code postal: | | | | | | | | | |  | | |  | | - |  |  |  |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. ADRES MIEJSCA ZAMELDOWANIA NA TERYTORIUM RZECZYPOSPOLITEJ POLSKIEJ / REGISTERED ADDRESS IN THE TERRITORY OF THE REPUBLIC OF POLAND / ADRESSE DU DOMICILE SUR LE TERRITOIRE DE LA RÉPUBLIQUE DE POLOGNE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(jeżeli wnioskodawca został zameldowany) / (if the applicant has the registered address) / (si le demandeur a été enregistré)**  (zaznaczyć znakiem „X” odpowiednią rubrykę) / (tick the appropriate box with „X”) / (mettre un „X” dans la case adéquate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | na pobyt stały / permanent residence / séjour permanent | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | na pobyt czasowy trwający ponad 2 miesiące / temporary residence of over 2 months / séjour temporaire de plus de 2 mois | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Miejscowość / City / Localité: | | | | | | | | |  | |  | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | |  | |  | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Ulica / Street / Rue: | | | | | | | | |  | |  | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | |  | |  | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Numer domu / House Number / Numéro du bâtiment: | | | | | | | | |  | |  | | |  | |  |  |  | |  | 4. Numer mieszkania / Apartment Number / Numéro d'appartement: | | | | | |  |  |  |  |  |  |  |
|  | |  | | |  | |  |  |  | |  |  |  |  |  |  |  |  |
| 5. Kod pocztowy / Postal code / Code postal: | | | | | | | | |  | |  | | | - | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| *strona 3 z 7* | |
| **E. UZASADNIENIE WNIOSKU / JUSTIFICATION OF THE APPLICATION / JUSTIFICATION DE LA DEMANDE**  (zaznaczyć znakiem „X” odpowiednią rubrykę) / (tick the appropriate box with „X”) / (mettre un „X” dans la case adéquate) | |
|  | pobyt na terytorium Rzeczypospolitej Polskiej w okresie ostatnich 5 lat z obywatelem państwa członkowskiego Unii Europejskiej, obywatelem państwa Europejskiego Obszaru Gospodarczego nienależącego do Unii Europejskiej lub obywatelem Konfederacji Szwajcarskiej / stay in the territory of the Republic of Poland in the last 5 years with a citizen of a European Union Member State, citizen of a non-EU European Economic Area country or citizen of the Swiss Confederation / séjour sur le territoire de la République de Pologne au cours des cinq dernières années en accompagnement d'un ressortissant de l'État membre de l'Union européenne ayant le droit de séjour, ressortissant d'un État de l'Espace économique européen non membre de l'Union européenne ou ressortissant de la Confédération suisse |
|  |
|  |
| (wskazać imię / imiona, nazwisko, datę urodzenia i obywatelstwo oraz miejsce aktualnego pobytu na terytorium Rzeczypospolitej Polskiej osoby, z którą członek rodziny przebywał lub do której dołączył, a także okresy wspólnego pobytu na terytorium Rzeczypospolitej Polskiej oraz przerwy w pobycie przekraczające łącznie 6 miesięcy w roku i ich przyczyny) / (provide forename(s), surname, birth date and citizenship, as well as the present place of stay in the territory of the Republic of Poland of the person with whom the family member has stayed or whom he/she has joined and also periodes of stay with the above-mentioned person in the territory of the Republic of Poland and breaks between the stays exeeding 6 months a year and their reasons) / (indiquer prénom / prénoms, nom, date de naissance et nationalité ainsi que lieu de séjour actuel sur le territoire de la République de Pologne de la personne avec laquelle le membre de la famille a séjourné ou laquelle il a rejoint ainsi que les périodes du séjour conjoint sur le territoire de la République de Pologne et les interruptions de ce séjour dépassant au total 6 mois par an et leur raisons) | |
| .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  ......................................................................................................................................................................................................................... | |
|  | pobyt na terytorium Rzeczypospolitej Polskiej w okresie ostatnich 5 lat z obywatelem Rzeczypospolitej Polskiej / stay in the territory of the Republic of Poland in the last 5 years with a citizen of the Republic of Poland / séjour sur le territoire de la République de Pologne au cours des cinq dernières années en accompagnement d'un ressortissant de la République de Pologne  (wskazać imię / imiona, nazwisko, datę urodzenia i obywatelstwo oraz miejsce aktualnego pobytu na terytorium Rzeczypospolitej Polskiej osoby, z którą członek rodziny przebywa lub do której dołącza) / (provide forename(s), surname, birth, date and citizenship, as well as the present place of stay in the territory of the Republic of Poland of the person with whom the family member stays or whom he/she joins) / (indiquer prénom / prénoms, nom, date de naissance et nationalité ainsi que lieu de séjour actuel sur le territoire de la République de Pologne de la personne avec laquelle le membre de la famille séjourne ou laquelle il rejoint) |
|  |
| ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. | |
|  | inne okoliczności uzasadniające wniosek / other circumstances justifying the application / autres circonstances justifiant la demande: |
| .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  .........................................................................................................................................................................................................................  ......................................................................................................................................................................................................................... | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *strona 4 z 7*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Załączniki do wniosku / Annexes to the application / Pièces jointes à la demande:**  (załącza wnioskodawca) / (attached by the applicant) / (à joindre par le demandeur) | | | | | | | | | | | | | 1. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 2. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 3. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 4. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 5. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 6. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 7. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 8. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 9. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | 10. | ................................................................................................................................................................................................................................................... | | | | | | | | | | | | **Oświadczam, że wszystkie dane zawarte we wniosku są zgodne z prawdą. / I hereby confirm that all data contained in the application are true. / Je déclare que toutes les données présentées dans la présente demande sont conformes à la vérité.** | | | | | | | | | | | | | Data i podpis wnioskodawcy / Date and signature of the applicant / Date et signature du demandeur: | |  |  |  |  | / |  |  | / |  |  | |  | | rok / year / année | | | | miesiąc / month / mois | | | | dzień / day / jour | | |  | | ..........................................................................(podpis) / (signature) / (signature) | | | | | | | | | | | **F. ADNOTACJE URZĘDOWE / OFFICIAL NOTES / ANNOTATIONS DE L'OFFICE**  (wypełnia organ przyjmujący wniosek) / (filled in by the authority receiving the application) / (à remplir par l'organe qui reçoit la demande) | | | | | | | | | | | | | Data, imię, nazwisko, stanowisko służbowe i podpis osoby przyjmującej wniosek / Date, forename, surname, function and signature of the person receiving the application / Date, prénom, nom, fonction et signature de la personne qui reçoit la demande: | |  |  |  |  | / |  |  | / |  |  | | rok / year / année | | | | miesiąc / month / mois | | | | dzień /  day / jour | | |  | | ..........................................................................(podpis) / (signature) / (signature) | | | | | | | | | | |  | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | *strona 5 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **G. ADNOTACJE URZĘDOWE / OFFICIAL NOTES / ANNOTATIONS DE L'OFFICE**  (wypełnia organ przyjmujący wniosek) / (filled in by the authority processing the application) / (à remplir par l'organe chargée de l'instruction de la demande) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Informacja o palcach, których odciski zostały umieszczone w karcie stałego pobytu (zaznaczyć krzyżykiem), lub przyczyna braku możliwości pobrania odcisków palców / Information about fingers, the prints of which were placed on a permanent residence card (tick as appropriate), or the reason of impossibility of taking fingerprints / L’information sur les doigts dont on a relevé les empreintes digitales, enregistrées sur la carte de séjour permanent (cochez la case), ou la cause de l’impossibilité de relever les empreintes digitales | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Numer systemowy osoby /  System number of the person /  Numéro de la personne dans le système | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | | | | Numer systemowy wniosku /  System number of the application / Numéro de la demande dans le système | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Data, imię, nazwisko, stanowisko służbowe i podpis osoby prowadzącej sprawę / Date, forename, surname, function and signature of the person handling the case / Date, prénom, nom, fonction et signature du fonctionnaire qui instruit le dossier: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | / | | | | |  | | | | |  | | | | / | | |  | | |  | | | | | rok / year / année | | | | | | | | | | | | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | | | | | dzień /  day / jour | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ..........................................................................  (podpis) / (signature) / (signature) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rodzaj decyzji / Type of the decision / Type de la décision: | | | | | | | | |  | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | |  | | |  | | | | |  | | |  | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | |  | | |  | | | | |  | | | Data wydania decyzji / Date of issuing the decision / Décision dèlivrée le: | | | | | | | | |  | |  | | | |  | | |  | | | | / | | | |  | | | | |  | | | / | | | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | rok / year / année | | | | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | | | | | | dzień / day / jour | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Numer decyzji / Decision number / Numéro de la décision: | | | | | | | | |  | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | | | |  | | | |  | | |  | | | |  | | | |  | | | | | | |  | | | | | | |  |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Data i podpis osoby odbierającej decyzję / Date and signature of the person collecting the decision / Date et signature du destinataire de la décision: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | / | | | | |  | | | | |  | | | | / | | |  | | |  | | | | | rok / year / année | | | | | | | | | | | | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | | | | | dzień /  day / jour | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ..........................................................................  (podpis) / (signature) / (signature) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Wydana karta stałego pobytu / Issued permanent residence card / Carte de séjour permanent délivrée** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Seria / Series / Série: |  | |  | | | Numer / Number / Numéro: | | | | | | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  |  |  | | |  | | |  | | |  | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | |  | | |  | | | | |  | | | Data wydania / Date of issue / Date de délivrance: | |  | |  | | |  |  | / | | |  | | |  | | | / | | | |  | | | |  | | | Data upływu ważności / Expiry date / Date de validité: | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | / | | | | |  | | | | |  | | | | / | | |  | | | |  | | | | rok / year / année | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | dzień /  day / jour | | | | | | | rok / year / année | | | | | | | | | | | | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | | | | | dzień /  day / jour | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Organ wydający / Issuing authority / | | | | | | | | | |  | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | | | Autorité de délivrance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Data i podpis osoby odbierającej kartę stałego pobytu / Date and signature of the person receiving the permanent residence card / Date et signature du destinataire de la carte de séjour permanent: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | |  | | | / | | | |  | | | | |  | | | | / | | | |  | | | |  | | | | | | | rok / year / année | | | | | | | | | | | | | | | | miesiąc / month / mois | | | | | | | | | | | | | | | | | dzień /  day / jour | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | .....................................................................................  (podpis) / (signature) / (signature) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | | *strona 6 z 7* | | | | **H. WZÓR PODPISU / SIGNATURE SPECIMEN / SPÉCIMEN DE SIGNATURE\*** | | | |  |  |  | | | (podpis wnioskodawcy) / (applicant's signature) / (signature du demandeur)  \* Patrz: POUCZENIE - str. 8 / see: INSTRUCTION - page 8 / voir: INSTRUCTION - page 8. | | | | \*  Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7.  *strona 7 z 7*  **POUCZENIE / INSTRUCTION / INSTRUCTION** | | | | 1. Wniosek dotyczy członka rodziny obywatela państwa członkowskiego Unii Europejskiej, obywatela państwa Europejskiego Obszaru Gospodarczego nienależącego do Unii Europejskiej, obywatela Konfederacji Szwajcarskiej lub obywatela Rzeczypospolitej Polskiej, jeżeli członek rodziny nie posiada obywatelstwa Unii Europejskiej lub ww. państw.  The application concerns a family member of a citizen of a European Union Member State, citizen of a non-EU European Economic Area country, a citizen of the Swiss Confederation or a citizen of the Republic of Poland, if the family member is not a citizen of the European Union or the above-mentioned states.  La demande concerne un membre de la famille d'un ressortissant d'un État membre de l'Union européenne, d'un ressortissant d'un État de l'Espace économique européen non membre de l'Union européenne, d'un ressortissantde la Confédération Suisse ou un citoyen de la République de Pologne, lorsque cet membre de la famille n'est pas ressortissant de l'Union européenne ou n'a pas la nationalité des États visés ci-dessus.  2. Wniosek dotyczy tylko jednej osoby.  The application refers to only one person.  Demande ne concerne qu'une personne.  3. Należy wypełnić wszystkie wymagane rubryki. W przypadku braku niezbędnych danych wniosek może być pozostawiony bez rozpoznania.  All required fields should be filled in. If necessary data are missed the application may be left unprocessed.  Il faut remplir toutes les cases exigées. En cas d'absence des données nécessaires, la demande peut rester sans instruction.  4. Formularz należy wypełnić czytelnie, drukowanymi literami wpisywanymi w odpowiednie kratki.  The application should be filled in eligibly, in capital letters entered into the appropriate boxes.  Le formulaire doit être rempli lisiblement, en majuscules inscrites dans les cases correspondantes.  5. Części A, B, C, D i E wypełnia wnioskodawca.  Parts A, B, C, D and E should be filled in by the applicant.  Les parties A, B, C, D et E sont à remplir par le demandeur.  6. Część F wypełnia organ przyjmujący wniosek.  Part F shall be filled in by the authority receiving the application.  La partie F est à remplir par l'autorité recevant la demande.  7. Część G wypełnia organ rozpatrujący wniosek.  Part G shall be filled in by the authority examining the application.  La partie G est à remplir par l'autorité chargée de l'instruction de la demande.  8. W części A w rubryce „płeć” należy wpisać „M” – dla mężczyzny, „K” – dla kobiety; w rubryce „stan cywilny” należy użyć jednego ze sformułowań: „panna”, „kawaler”, „mężatka”, „żonaty”, „rozwiedziona”, „rozwiedziony”, „wdowa”, „wdowiec”, „wolna”, „wolny”.  In part A in the „sex” field „M” should be entered for a male and „K” for a woman; in the „marital status” fields one of the following terms should be used: „unmarried”, „married”, „divorced”, „widow(er)”, „single”.  Dans la partie A, à la case „sexe” – inscrire „M” pour homme, „K” pour femme; rubrique „situation de famille”, utilisez une des formulations suivantes: „célibataire”, „mariée”, „marié”, „divorcée”, „divorcé”, „veuve”, „veuf”, „libre”.  9. Części H nie wypełnia osoba, która do dnia złożenia wniosku nie ukończyła 13. roku życia lub która  z powodu swojej niepełnosprawności nie może złożyć podpisu samodzielnie. Podpis nie może wychodzić poza ramki.  Part H is not completed by a person who by the date of submitting the application is under 13 years of age or who, due to his / her disability, cannot sign by himself / by herself. The signature may not exceed the provided space.  La partie H n’est pas remplir par une personne qui, à la date de soumission de la demande, est âgée de moins de  13 ans ou qui, en raison de son handicap, ne peut signer seule à remplir par le demandeur qui sait écrire. La signature ne doit pas dépasser le cadre. | | | |