Załącznik nr 5

WZÓR FORMULARZA ZGŁOSZENIA UTRATY LUB USZKODZENIA

DOKUMENTU POTWIERDZAJĄCEGO PRAWO STAŁEGO POBYTU OBYWATELA ZJEDNOCZONEGO KRÓLESTWA WIELKIEJ BRYTANII

I IRLANDII PÓŁNOCNEJ ALBO KARTY STAŁEGO POBYTU CZŁONKA RODZINY OBYWATELA ZJEDNOCZONEGO KRÓLESTWA WIELKIEJ BRYTANII

I IRLANDII PÓŁNOCNEJ

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Miejscowość i data /

Location and date /

Lieu et date

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Oznaczenie organu, do którego składane jest zgłoszenie /

Name of the authority to which the application is filled /

Désignation de l'autorité à laquelle la demande est déposée

**ZGŁOSZENIE UTRATY LUB USZKODZENIA**\*/

 **NOTIFICATION OF LOSS OR DAMAGE OF**\* /

**NOTIFICATION DE PERTE OU DE DÉGRADATION DE**\*

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|  | DOKUMENTU POTWIERDZAJĄCEGO PRAWO STAŁEGO POBYTU / THE DOCUMENT CERTIFYING THE PERMANENT RESIDENCE RIGHT / JUSTIFICATIF DU DROIT DE SÉJOUR PERMANENT  |
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|  | KARTY STAŁEGO POBYTU/PERMANENT RESIDENCE CARD / CARTE DE SÉJOUR PERMANENT |
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1. RODZAJ ZGŁOSZENIA\* / TYPE OF NOTIFICATION\* / TYPE DE NOTIFICATION\*

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|  | UTRATA / LOSS / PERTE  |  | USZKODZENIE / DAMAGE / DÉGRADATION  |
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1. IMIĘ (IMIONA) / FIRST NAME(S) / PRÉNOM(S)

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1. NAZWISKO (NAZWISKA) / LAST NAME (LAST NAMES) / NOM (NOMS)

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1. DATA URODZENIA / DATE OF BIRTH / DATE DE NAISSANCE

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1. MIEJSCE URODZENIA / PLACE OF BIRTH / LIEU DE NAISSANCE

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1. OBYWATELSTWO / CITIZENSHIP / CITOYENNETÉ

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1. PŁEĆ / SEX / SEXE

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1. ADRES MIEJSCA ZAMELDOWANIA NA POBYT STAŁY LUB CZASOWY (JEŚLI MA ZASTOSOWANIE) / REGISTERED ADDRESS FOR PERMANENT OR TEMPORARY RESIDENCE (IF APPLICABLE) / ADRESSE DU DOMICILE POUR SÉJOUR PERMANENT OU TEMPORAIRE (LE CAS ÉCHÉANT)

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1. NUMER PESEL (JEŚLI ZOSTAŁ NADANY) / PESEL NUMBER (IF GRANTED) / NUMÉRO PESEL (SI ATTRIBUÉ)

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Podpis zawiadamiającego /

Signature of the applicant /

Signature du demandeur

POUCZENIE / NOTICE / AVERTISSEMENT

Formularz należy wypełnić kolorem niebieskim lub czarnym, drukowanymi literami, z zachowaniem zasady: 1 kratka – 1 litera, a następnie własnoręcznie podpisać.

The form must be completed in blue or black colour, in block letters, in accordance with the principle: 1 square – 1 letter, and then duly signed.

Le formulaire doit être rempli à l’encre noire ou bleue et en caractères d’imprimerie, à l’intérieur des carrés (1 carré – 1 lettre), et ensuite signé par lui-même.

\* Właściwe zaznaczyć znakiem X / \* The appropriate mark with X / \* Cochez la case appropriée avec un X