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| **Załącznik nr 4**  WZÓR FORMULARZA WNIOSKU  O WYMIANĘ / WYDANIE NOWEJ KARTY STAŁEGO POBYTU  *strona 1 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (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) | | | | | | | | | | |
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| **WNIOSEK O WYMIANĘ / WYDANIE NOWEJ KARTY STAŁEGO POBYTU**  **APPLICATION FOR THE REPLACEMENT / THE ISSUE OF THE NEW PERMANENT RESIDENCE CARD**  **DEMANDE DE D'ÉCHANGE / DÉLIVERANCE DE LA** **NOUVELLE CARTE DE SÉJOUR PERMANENT\***  (niepotrzebne skreślić / delete as appropriate / rayer la mention inutile) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **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): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 2. Imię (imiona) / Forename (forenames) / Prénom (prénoms): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 3. Data urodzenia / Date of birth / Date de naissance: | |  |  | |  |  | / |  |  | / | |  |  | | 4. Płeć / Sex / Sexe:\* | | | | | | | | | | | |  | |  | | | | | | |
|  | | rok / year / année | | | | | miesiąc / month / mois | | | | dzień / day /        jour | | | | | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 5. Miejsce urodzenia / Place of birth / Lieu de naissance: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 6. Obywatelstwo / Citizenship / Nationalité: | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| 8. Numer PESEL (jeśli został nadany) / PESEL number (if granted) / Numéro PESEL (si attribué): | |  |  | |  |  |  |  |  |  | |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  |
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| \* Patrz: **POUCZENIE** – str. 7 / see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *strona 2 z 7* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **B. DOKUMENT PODRÓŻY / TRAVEL DOCUMENT / DOCUMENT DE VOYAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Seria / Series / Série: |  | |  | | Numer / Number / Numéro: | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | |
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| 4. Organ wydający / Issuing authority / Autorité de délivrance: | | | | | | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5. Liczba wpisanych osób / Number of entered persons / Nombre de personnes inscrites: | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. Ulica / Street / Rue: | | | | | | | | | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. Numer domu / House Number / Numéro du bâtiment: | | | | | | | | | |  | |  | |  |  |  |  |  | | 4. Numer mieszkania / Apartment Number / Numéro d'appartement: | | | | | |  |  |  |  |  |  |  |
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| 5. Kod pocztowy / Postal code / Code postal: | | | | | | | | | |  | |  | | - |  |  |  |  | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | |  | | na pobyt czasowy trwający ponad 2 miesiące / temporary residence of over 2 months / séjour temporaire de plus de 2 mois | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Miejscowość / City / Localité: | | | | | | | | |  | |  | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. Ulica / Street / Rue: | | | | | | | | |  | |  | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. Numer domu / House Number / Numéro du bâtiment: | | | | | | | | |  | |  | |  | |  |  |  | |  | 4. Numer mieszkania /  Apartment Number / Numéro d'appartement: | | | | | |  |  |  |  |  |  |  |
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| 5. Kod pocztowy / Postal code / Code postal: | | | | | | | | |  | |  | | - | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *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) |
| |  |  |  | | --- | --- | --- | | 1. **Przyczyna wymiany karty stałego pobytu / Reason for replacement of the permanent residence card / Raison de l'échange de la carte de séjour permanent:** | | | |  | | | |  |  | zmiana danych w niej zamieszczonych / change of data contained in the document / changement des données y figurant | |  |  |  | |  |  | uszkodzenie / damage / dommage  \\\\ | |  |  |  | |  |  | zmiana wizerunku twarzy posiadacza karty stałego pobytu w stosunku do wizerunku twarzy umieszczonego w tej karcie w stopniu utrudniającym lub uniemożliwiającym identyfikację posiadacza karty / change of appearance making difficult the determination of the identity / changement dans l’apparence qui rend difficile l’identification de l’individu | |  | |  |  |  | |  |  | utrata dotychczas posiadanej karty stałego pobytu / loss of the permanent residence card held so far / perte de la carte de séjour permanent d possédée jusqu'à present | |  | |  | | | | 1. **Przyczyna wydania nowej karty stałego pobytu / Reason for the issue of the new permanent residence card/ Raison de délivrance de la nouvelle carte de séjour permanent** | | | |  |  | upływ terminu ważności posiadanej karty stałego pobytu / expiry of the validity period of the permanent residence card held so far / expiration de la période de validité de la carte de séjour permanent précédant | |  |  | |  | | | |

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| *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. | ...................................................................................................................................................................................................................................................... | | | | | | | | | | |
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| 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 | |
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| *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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | |
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| Rodzaj decyzji / Type of the decision / Type de la décision: | | | | | | | | | |  | | |  | |  | |  | | |  |  | |  |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |
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| 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: | | | | | | | | | |  | | |  | |  | |  | | |  |  |  | |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |
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| Data i podpis osoby odbierającej decyzję / Date and signature of the person collecting the decision / Date et signature du destinataire de la décision: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | / |  | |  | / |  |  | |
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| **Wydana karta stałego pobytu / Issued permanent residence card / Carte de séjour permanent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seria / Series / Série: | |  |  | | Numer / Number / Numéro: | | | | |  | | |  | |  | |  | | |  |  |  | |  | | | | | | | | | | | | | | | | | |
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| 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 | | |
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| Organ wydający / Issuing authority / Autorité de délivrance: | | | | | | | | | | |  | | |  | |  | |  | |  |  |  | |  | |  |  | |  |  |  |  | |  |  | |  |  |  |  | |
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| 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 | | |
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| *strona 6 z 7*  **H. WZÓR PODPISU / SIGNATURE SPECIMEN / SPÉCIMEN DE SIGNATURE\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (podpis wnioskodawcy) / (applicant's signature) / (signature du demandeur)  \*  Patrz: **POUCZENIE** – str. 7/ see: **INSTRUCTION** – page 7 / voir: **INSTRUCTION** – page 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| *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, 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, 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 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, un ressortissant de la Confédération suisse ou un ressortissant de la République de Pologne si le membre de la famille n'est pas ressortissant de l'Union européenne, ou s'il n'a pas 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.  In part A in the „sex” field „M” should be entered for a male and „K” for a women.  Dans la partie A, rubrique „sexe” – inscrire „M” pour un homme, „K” pour une femme.  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. |