**DPS- wniosek o świadczenia realizowane poza ośrodkiem**

**PERSONAL DETAILS OF THE APPLICANT:**  ………………………………………………, on: …………………………………..

 (Place and date)

FULL NAME:………………………………………………………………………………………………………

SYSTEM NUMBER:

BIRTH DATE:   

 *dd mm yyyy*

**CONTACT INFORMATION:**

CURRENT PLACE OF RESIDENCE/CENTRE NEW PLACE OF RESIDENCE IF DIFFERENT THAN CURRENT

**………………………………………………………………………………………….. ……………………………………………………………………………………………………………**

STREET, HOUSE/APT. NUMBER STREET, HOUSE/APT. NUMBER

**** **………………………………………………………………** **……………………………………………………………………………….**

POSTCODE CITY POSTCODE CITY

⁺ ⁻   

PHONE NO. /OPTIONAL/

**APPLICATION**

**FOR FINANCIAL ALLOWANCE TO COVER OWN COSTS OF STAY ON THE TERRITORY OF THE REPUBLIC OF POLAND FOR THE FOLLOWING PURPOSES:**

* ORGANISATIONAL
* PROTECTING AND MAINTAINING FAMILY RELATIONSHIP
* PROTECTING PUBLIC ORDER
* MAINTAINING PERSONAL SAFETY
* UPON RECEIVING A DECISION GRANTING A REFUGEE STATUS OR SUBSIDIARY PROTECTION

**THE APPLICATION ALSO INCLUDES THE FOLLOWING MEMBERS OF MY FAMILY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO.** | **FULL NAME** | **DATE OF BIRTH** | **DEGREE OF RELATEDNESS/AFFINITY** | **SYSTEM NO.** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |

**THE JUSTIFICATION FOR THE APPLICATION**:…………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………………………………………………….

I hereby declare that I have been informed of the obligation to notify the authority conducting the administrative proceedings of any change of address. In the event of failing to act in accordance with that obligation, any official letters issued to the last provided address shall be binding.

…………………………………………………………… ……………………………………………………………

DATE SIGNATURE

TRANSLATION……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

EMPLOYEE’S ASSESSMENT:………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

 ………………. ………………………

DATE: SIGNATURE:

IN CASE OF ACCIDENT PLEASE INFORM:

……………………………………………………………………………….. ⁺ ⁻   

 NAME AND SURNAME PHONE NO

I hereby declare that I am entitled to transfer above data, and the data subject has received the information about the principles of data processing by the Office for Foreigners.

 ………………. ………………………

 DATE: SIGNATURE: