



Narodowa Agencja Wymiany Akademickiej
ul. Polna 40
00-635 Warszawa

Place, date

Application should be completed and signed by a holder of documents.

Application for APOSTILLE

Name and surname

Street, building number,
flat number

Post code, city, country

Phone

E-mail

I apply for apostille for the following documents:

Name of the document and name of its holder (if changed)

**Number of
copies**

Total number of copies

I attach the confirmation of payment to the account of Urząd Miasta Stołecznego Warszawy for the

amount of:

zł.

Way of receipt of the certified documents (please chose ONE option):

Please send by post to the address:

Collected personally

Collected by an authorised person

Name and surname of the authorised person:

Name and number of an ID or a passport of the authorised person:

Contact to the authorised person (phone or e-mail):

Additional remarks:

Declarations:

I declare that the information given in this application form is true and accurate. I am aware of criminal responsibility for testifying untruthfully or concealing the truth.

I give my consent to process my personal data given in this application form and attached documents for the purpose of providing apostille on my documents, under the REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

Signature of the applicant