**CONTRACTOR STATEMENT FOR SOCIAL SECURITY PURPOSES**

**TO THE CONTRACT OF MANDATE No. .................................................................... of .............................................**

**CONTRACTOR PERSONAL DATA**

1. **Surname:** ..............................................................................................................................................................................................................
2. **Name(s):** ...............................................................................................................................................................................................................
3. **Date and place of birth:** .......................................................................................................................................................................
4. **Nationality:** ........................................................................................................................................................................................................
5. **Personal identity number (PESEL):**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

**PLACE OF RESIDENCE FOR SOCIAL SECURITY PURPOSES**

1. **Place** .........................................................................................................................................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **-** |  |  |  |

1. **Postal code**
2. **Address** .................................................................................................................................................................................................................
3. **Province** ...............................................................................................................................................................................................................
4. **Country** ................................................................................................................................................................................................................

**ADDRESS FOR CORRESPONDENCE (if other than the place of residence)**

1. **Place** .........................................................................................................................................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **-** |  |  |  |

1. **Postal code**
2. **Address** .................................................................................................................................................................................................................
3. **Province** ...............................................................................................................................................................................................................
4. **Country** ................................................................................................................................................................................................................

**CONTRACTOR STATEMENT**

I state that:

**1. I am/ am not\*** employed under any employment contract or equivalent agreement (regardless of the employer and the duration of the working time)

**My gross monthly remuneration under the employment relationship is\***:

* at least the minimum wage,
* less than the minimum wage.

**I am / am not\*** on unpaid leave from ............................................................ to .................................................................

1. **I am/ I am not\*** covered by any age or disability pension scheme as a person performing home-based work or any work under a contract of mandate or agency from ………........................................………….. to ………….......................................………..

**My gross monthly remuneration for home-based work or work under a contract of mandate or agency is\***:

* at least the minimum wage,
* less than the minimum wage.

1. **I am/ I am not\*** covered by any age or disability pension scheme as a person carrying out business activities.

**The basis for paying social security contributions under the business activities carried out is\*:**

* at least the minimum wage,
* less than the minimum wage.

1. **I am/ am not\*** paid any age or disability pension – social security no. ...................................................
2. **I have/ have not**\* been granted a ............................................................................................. disability certificate for a period from ...................................................................... to ............................................................. .
3. **I am/ I am not\*** a secondary education/ BA or MA student and I am under the age of 26.
4. **I am / am not\*** on maternity/parental\* leave from ................................................. to .............................................
5. **I apply/ do not apply\*** to join the sickness insurance scheme on a voluntary basis.

**\*** **Delete as appropriate**

I state that all the information provided is in accordance with factual and legal circumstances and that I am aware of criminal liability for providing any information that is incorrect or for concealing any information.

I undertake to notify the Customer in writing of any change in the contents hereof within 3 days thereof and I assume liability for failing to comply with this obligation.

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(Date and signature of the Contractor)