

**DECLARATION OF CONTRACT HOLDER  
FOR EMPLOYMENT PURPOSES - CIVIL LAW CONTRACT**  
**Please fill in in CAPITAL LETTERS**

Family name .....

1. Name ..... 2. Middle name .....

Date and place of birth .....Citizenship.....

Health Insurance in NFZ branch ..... PESEL number .....

\*NIP number (if tax payer is required to use NIP number, e.g. self-employed)

Residence address (consistent with PIT tax declaration):

Municipality / City district.....

Street: Building No. and Flat No.: .....

Post code: City/Town: .....

\*\*phone number ..... \*\*e-mail.....

Tax Office .....

Holder's Bank Account: .....

**I confirm that:**

- ☐ I am employed based on:
- ☐ a contract of employment full-time / part-time (state workload or FTE) .....
  - ☐ a contract of mandate/service

**Remuneration basis for calculating social insurance contributions is:**

- ☐ higher than minimum salary (confirm by remuneration statement)
- ☐ is lower than minimum salary
- ☐ I am self-employed and I pay social contributions (ZUS) on basis of
- ☐ general scheme
  - ☐ preferential scheme
- ☐ \*\*I am retired.
- ☐ \*\* I receive a disability pension (category of disability) .....
- ☐ I am a student, university name (confirmed by proof of study) .....
- ☐ I am a PhD candidate and
- ☐ receive a scholarship
  - ☐ I do not receive a scholarship.

**Scholarship basis for calculating social insurance contributions is:**

- ☐ higher than minimum salary (confirmed by proof of study)
- ☐ is lower than minimum salary
- ☐ I am unemployed, registered at Employment Office (UP) at .....  
registration/index number .....
- ☐ I receive unemployment benefits.
  - ☐ I do not receive unemployment benefits.
- ☐ - I am on childcare leave from ..... to .....
- ☐ - I am on maternity / parental leave from ..... to .....

**[COMPLETE ONLY IF YOU ARE A FOREIGN NATIONAL]**

Planning to conclude a civil law contract I declare:

- ☐ I will submit the A1 Certificate to The Human Resources Department and agree to pay in full any obligatory social insurance contributions myself.
- ☐ I will not submit the A1 Certificate to the Human Resources Department and as a result all social insurance contributions are to be paid in Poland

I confirm that I am aware of the criminal liability for submitting false representation.

I will inform the Human Resources Department (Dział Kadr) of any changes regarding the data provided in this Declaration. If you do not agree to share the data required in the Declaration, your remuneration cannot be made.

**\*\*I hereby consent to share my personal data for the purpose of employment.**

**PPK Employee Capital Plans:**

The Plans are a voluntary long-term saving scheme.

Each employee, aged 18-55, is by default registered for PPK by their employer.

Unless Employee resigns, they will join the scheme automatically after 3 months or 90 days of employment based on a contract of employment or a contract of mandate (provided all required social security contributions have been executed). Employer can register employees as early as within 14 days of employment if explicitly requested to.

**Employees can resign the scheme by means of a written resignation.**

Date .....

Signature .....

We would like to inform you that based on Article 13, Section 1 and 2 of 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, hereinafter referred to as GDPR:

1. I. J. Paderewskiego Academy of Music in Poznań, registered office at 61-808 Poznań, ul. Święty Marcin 87, phone +48 61 856 89 44, fax. no. +48 61 853 66 76, e-mail amuz@amuz.edu.pl, is the data Controller for the personal information you shared.
2. The Controller has assigned a personal information inspector, whom you can contact by email at iod@amuz.edu.pl.
3. Personal data will be processed for the purpose of reporting to the insurance institution (ZUS) on personal income tax and on social security and health insurance contributions in accordance with the Act of 13 October 1998 on social insurance system z (Polish Journal of Laws of 2017 item 1778, with further amendments) in relation to GDPR Article 6, Section 1 point c).
4. The Controller will share your data with national Social Insurance Institution (ZUS).
5. The Controller will not share your personal information with third parties or states.
3. The data will be stored for the duration of 50 years.
4. You have the right to access and correct your personal data shared. You have the right to transfer, and remove your personal data shared as well as to limit its processing or object to the use of your data. You have the right to raise a concern with the competent authority responsible for personal data protection.
5. You are required to share your data in accordance with the Act. If you decline to share your personal information the Academy will be unable comply with the legal obligation incumbent on employers.
6. The Controller will not process the data in a manner allowing automated decisions.