Appendix 11 to the Regulations

 Białystok, date ...............................

……………………………………………….

 /name and surname/

…………………………………………………..

 /organisational unit/

  **Social Affairs Committee**

 **of the Medical University of Białystok**

 **APPLICATION**

 for financing for a nursery, kindergarten, children's club

Children;

1. …………………………………………………………………………………………………………………………………………..

 Name and surname, date of birth

1. ………………………………………………………………………………………………………………………………………………
2. ………………………………………………………………………………………………………………………………………………
3. ………………………………………………………………………………………………………………………………………………

 Forewarned about the responsibility - § 5 par. 3 of the Regulations for the Management of the Company Social Fund Resources „In case it is found that the employee or former employee provides false information about his/her family and financial status, at the request of the Social Affairs Committee, he/she will be deprived of the right to benefit from social benefits for a period of three years.”

**DECLARATION**

1. My family consists of ...............people who run a joint household
2. The monthly revenue per one member of my family was in the year………….………………………

……………………………………………………………………………………………………………………………………………………… / the revenue determined according to the rules defined in the individual income tax law /

 ………………………………………

 Employee’s signature

Committee’s signature…………………………………………………………………………………………………………