### ZGŁOSZENIE ZMIANY DANYCH OSOBOWYCH DOKTORANTA/TKI

**Dyscyplina kształcenia**:…………………………………………………

### I. ZMIANA DANYCH IDENTYFIKACYJNYCH

# Nazwisko

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**Imię**

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**Numer PESEL**

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**Nowe nazwisko / imię** (wypełnić tylko w przypadku zmiany danych) – proszę o dołączenie aktu prawnego

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**Numer PESEL** (wypełnić tylko w przypadku zmiany lub korekcji danych)

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# II. ZMIANA DOKUMENTU TOŻSAMOŚCI (wypełnić tylko w przypadku zmiany danych)

**Wpisać nowy numer dowodu osobistego/paszportu**

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**Data wydania**

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**Data ważności**

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**Wydany przez:………………………………………………………………………………………………………**

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# III. ZMIANA OBYWATELSTWA (wypełnić tylko w przypadku zmiany danych)

Wpisać nowe obywatelstwo

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# IV. ZMIANA REGIONALNEGO ODDIAŁU NFZ (wypełnić tylko w przypadku zmiany danych)

Kod Nazwa regionalnego oddziału NFZ Data przystąpienia

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# V. ZMIANA ADRESU (wypełnić tylko w przypadku zmiany danych)

## **ADRES ZAMELDOWANIA**

Kod pocztowy Poczta Miejscowość

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Gmina/Dzielnica

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Nr telefonu z numerem kierunkowym

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## **ADRES ZAMIESZKANIA – jeśli taki sam jak adres zameldowania zaznacz JAK WYŻEJ**

Kod pocztowy Poczta Miejscowość

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Gmina/Dzielnica

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Ulica Nr domu Nr lokalu

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Nr telefonu z numerem kierunkowym

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## **ADRES DO KORESPONDENCJI jeśli taki sam jak adres zameldowania zaznacz JAK WYŻEJ**

Kod pocztowy Poczta Miejscowość

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Gmina/Dzielnica

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Ulica Nr domu Nr lokalu

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Nr telefonu z numerem kierunkowym

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**ADRES URZĄDU SKARBOWEGO**:……………………………………………………………………………………………………

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**data i podpis**