

## Employee's statement on the Employee Capital Plans (PPK) operated on their behalf

Name of the Employer			
		,	,
	town/city	date	time
DANE OSOBOWE PRACOWNIKA:			
First and last name			
Polish Citizen Identification Number			
(PESEL)  Date of birth			
24.6 0.7 2.1 4.1			
EMPLOYEE'S STATEMENTS			
EMPLOTEE 3 STATEMENTS			
I state that the financial institutions below ope			
•	on operating the PPK for the Empl	oyee	
1.			
3.			
4.			
<ul> <li>I acknowledge that:</li> <li>if the Employer enters into a contract f obliged to submit on my behalf an operated by the aforementioned institution.</li> </ul>	application for a transfer withd utions	rawal of funds colle	ected in the PPI
<ul> <li>after receiving information from the E withdrawal application, I have the rig a case the funds collected until this poi remain in those PPK until they are with</li> </ul>	ht to withhold consent to subm nt in the PPK operated by the afo	it this application in	writing. In such
Signature of the Employee submitting the statemen	nt Confirmation of stateme	nt acceptance by the Em	nployer