

Employee Capital Plans (PPK) opt-in form (Applies to individuals between 55 and 70 years of age)

The declaration should be filled out in capital letters.
The declaration should be submitted to the employing entity.

1. Data regarding the PPK participant

| | | | |
|---|----------------------|---------------|----------------------|
| Name (names) | <input type="text"/> | | |
| Surname | <input type="text"/> | | |
| PESEL | <input type="text"/> | Date of birth | <input type="text"/> |
| <small>For persons who do not have a PESEL number assigned</small> | | | |
| Type and number of the personal identification card or passport or any other document confirming the identity in the case of individuals without Polish citizenship | | | |
| Type of document | <input type="text"/> | No. | <input type="text"/> |
| Telephone number | <input type="text"/> | | |
| E-mail | <input type="text"/> | | |

2. Name of the employing entity

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

3. Declaration of the PPK participant

I hereby declare that I join the Employee Capital Plan (PPK).

Signature of the employee

Date on which the declaration is submitted to the employing entity

(to be completed by the employing entity)