## **DATA CHANGE FORM**

Mandatory information is marked in italics and an asterisk \*. Apart from them, only the fields that have changed should be completed.

| First Name*  |             |                     |
|--|-------------|---------------------|
| Family Name*   |             |                     |
| Workday ID*  |             |                     |
| PESEL (Personal Identification Number)   |             |                     |
| Identity card (series, number, issued by)  |             |                     |
| Registered address   |             |                     |
| Residence address (if different from the registered address)   |             |                     |
| Address for correspondence   |             |                     |
| Phone  |             |                     |
| E-mail   |             |                     |
| Person to be notified in the event of an accident (name, surname, address, telephone)  Tax Office (name and address) |             |                     |
| Department of the National<br>Health Fund (voivodship)   |             |                     |
| Please transfer my salary to the b   | ank account | :                   |
|  |             |                     |
|  |             |                     |
| (place and date)   |             | Employee's signture |