| Name and Surname, colleague ID |  |
|--------------------------------|--|
| e-mail address                 |  |



IHS Global sp. z o.o. 163, Marynarki Polskiej street 80-868 Gdańsk

## **EMPLOYEE STATEMENT**

ABOUT THE CHOICE OF ADDITIONAL ELEMENTS OF EMPLOYEE BENEFIT PROGRAMS AND ACCEPTING BENEFITS RELATING TO:

| I hereby declare that I intend to take advantage of the opportunity to join:   |
|--|
| Employees' benefits in the field of sport and recreation co-financed by an employer, the basis of which is an agreement for the provision of sports services and recreation concluded between IHS Global sp. z o. o. and Benefit System S.A. in Warsaw   |
| I hereby agree to the monthly deduction of PLN 27.68 from my salary. The employer's co-payment is PLN 84.12  |
| Employees' benefits in the field of sport and recreation financed by an employee for an accompanying person, the basis of which is an agreement for the provision of sports services and recreation concluded between IHS Global sp. z o. o. and Benefit System S.A. in Warsaw                 |
| I hereby agree to the monthly deduction of <b>PLN 221.59</b> from my salary  E-mail of accompanying person   |
| Employees' benefits in the field of sport and recreation financed by an employee for an accompanying person (SENIOR card), the basis of which is an agreement for the provision of sports services and recreation concluded between IHS Global sp. z o. o. and Benefit System S.A. in Warsaw   |
| I hereby agree to the monthly deduction of <b>PLN 55.40</b> from my salary  E-mail of accompanying person (SENIOR card)  |
| Employees' benefits in the field of sport and recreation financed by an employee for an accompanying person (KIDS AQUA card) the basis of which is an agreement for the provision of sports services and recreation concluded between IHS Global sp. z o. o. and Benefit System S.A. in Warsaw |
| I hereby agree to the monthly deduction of PLN 55.40 from my salary  |
| Employees' benefits in the field of sport and recreation financed by an employee for an accompanying person (KIDS card), the basis of which is an agreement for the provision of sports services and recreation concluded between IHS Global sp. z o. o. and Benefit System S.A. in Warsaw     |
| I hereby agree to the monthly deduction of PLN 123.27 from my salary   |
|  |

I am aware that the value of monthly fee paid by IHS Global Sp. z o.o. for the mentioned above benefit programs, constitutes my income within the meaning of the Personal Income Tax Act. I agree to deduct the due tax and social security contributions and the National Health Fund from my salary every month.

Date and readable signature of worker

IHS Global Sp. z o.o. ul. Marynarki Polskiej 163, 80-868 Gdańsk

| Name and surname   |  |  |  |  |
|--|--|--|--|--|
| Date of birth  |  |  |  |  |
| Pesel  |  |  |  |  |
| Residence address  |  |  |  |  |
|  |  |  |  |  |
| DECLARATION OF CONSENT TO DEDUCTION FROM WAGES   |  |  |  |  |
| I hereby declare that I am aware that the amount of the contribution paid by the employer is the basis for the PIT |  |  |  |  |
| advance payment and for the calculation of social insurance contributions and the National Health Fund (NFZ) and I |  |  |  |  |
| agree to deduct the appropriate amount from my remuneration monthly, following the current Benefit Systems price   |  |  |  |  |
| list.  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (date and signature)   |  |  |  |  |

| <br>Name  | e and surname  |           |  |  |
|---|--|-----------|--|--|
|   |  |           |  |  |
|   |  |           |  |  |
| DECLARATION OF CONSENT TO PROCESSING OF PERSONAL DATA   |  |           |  |  |
| I, the undersigned, agree to the processing of my personal data, provided by me voluntarily, i.e. name and surname, date of birth, address of residence, personal identification number (PESEL), place of work, telephone number, branch of National Health Fund by IHS Global sp. z o.o. with headquarters in Gdańsk, ul. Marynarki Polskiej 163 for purposes related to employment. |  |           |  |  |
| At the same time, I consent to transfer my personal data:   |  |           |  |  |
|   | To the entity providing sport and recreation services for IHS Global sp. z due to joining a program co-financed by the employer IHS Global sp. z o.c   |           |  |  |
|   | To the entity providing medical services for IHS Global sp. z o.o. named Lumedical care program financed by the employer IHS Global sp. z o.o sp. z    |           |  |  |
|   | To the entity providing insurance services for IHS Global sp. z o.o. nam<br>Polska S.A. in Warsaw due to joining the program of insurance services fin | ·         |  |  |
| To the entity providing medical services for IHS Global sp. z o.o. named Medivover sp. z o.o. in Warsaw due to j the medical care program financed by the employer IHS Global sp. z o.o sp. z o.o.  |  |           |  |  |
|   |  |           |  |  |
|   | City, date   | Signature |  |  |