MEMBERSHIP DECLARATION



Independent Self-Governing Trade Union Employees of Banks and Financial Institutions

Name and surname	SOE ID		
Corespondence address:			
City	ZIP - code		
Street	House	Apartment	
Phone number	E-mail	E-mail	
Employer / organizational unit / departament	•		

Please accept me as a member of the Independent Self-Governing Trade Union Employees of Banks and Financial Institutions

- 1) I undertake to comply with the statutory obligations of a member of the Independent Self-Governing Trade Union aEmployees of Banks and Financial Institutions a
- 2) I consent to the processing of my personal data for purposes of The Independent Self-Governing Trade Union Employees of Banks and Financial Institutionsin accordance with Regulation (EU) 2016/679 of the European

Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data.

3) I hereby appoint the Independent Self-Governing Trade Union Employees of Banks and Financial Institutions as authorized, to take my person into account when determining the number of members associated in this organization.

DECISION

The Management Board of the Independent Self-Governing TEmployees of Banks and Financial Institutions accept Ms. / ${\rm Mr}$

as a member of the Independent Self-Governing Trade Union Employees of Banks and Financial Institutions Resolution Number

Date (yyyy-mm-dd)

Signatures of the management board

AUTORYZATION

name and surname

PESEL/social security number/TAX ID number

I authorize

(pfull name of the employer / organizational unit)) to deduct the amount of 0,5% my monthly basic salary, no more than PLN 70.

starting from

as membership fee for the Independent Self-Governing Trade Union Employees of Banks and Financial Institutions

starting fron

I undertake to pay monthly, the amount of 0.5%, no more than PLN 70 my basic

salary to the bank account number: 71 1030 1654 0000 0000 5402 0000. as monthly membership fee the Independent Self-Governing Trade Union Employees of Banks and Financial Institutions. In the title of the transfer please provide the name, surname and name of the employer.

Date (yyyy-mm-dd)

Wet signature