

**STUDENT APPLICATION FOR VAT INVOICE  
FOR EDUCATIONAL SERVICES - AFTER THE PAYMENT HAS BEEN MADE**

**1. Data of the student/participant (purchaser)**

Name and surname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

PESEL: \_\_\_\_\_ student number: \_\_\_\_\_

Study mode:

☐ stationary      ☐ non-stationary      ☐ Other forms of education (camps, etc.)

Degree of study: \_\_\_\_\_ Field of study: \_\_\_\_\_

Year of study: \_\_\_\_\_ Semester: \_\_\_\_\_ Academic year: \_\_\_\_\_ / \_\_\_\_\_

**EUR account number:**

I am requesting an invoice for the amount of \_\_\_\_\_ paid on \_\_\_\_\_ on  
account of the fee for \_\_\_\_\_

Year of study \_\_\_\_\_ semester \_\_\_\_\_ installment \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_ phone number: \_\_\_\_\_

\* I certify that I have not previously received an invoice for the period of study indicated in the application

\_\_\_\_\_  
student's signature

\_\_\_\_\_  
stamp and signature of employee  
Dean's Office KNM

**2. Data of the Payer:**

Name of the company: \_\_\_\_\_

Company address: \_\_\_\_\_

Nip of the company: \_\_\_\_\_

I will collect the invoice in person at the Office of the Medical College A2 building, room 22a: ☐

Please send the invoice to the address in the application: ☐

\_\_\_\_\_  
student's signature

**Mandatory attachment:  
-payment confirmation**