Cracow, ………………….

……………………………………….

*Name/Surname*

……………………………………….

*PhD study programme/year*

……………………………………………………

*Contact details (e-mail, phone number)*

……………………………………………………

*PESEL number*

……………………………………….

*Tax Office*

**APPLICATION FOR THE MULTISPORT PLUS CARD**

**AT THE DOCTORAL SCHOOL OF EXACT AND NATURAL SCIENCES**

I, the undersigned, hereby give my consent to the deduction of the amount of PLN 31.50 gross for the MultiSport PLUS card from my monthly doctoral scholarship starting from …………….(date).

At the same time, upon completion of education or resignation from education at the Doctoral School, I undertake to inform the School in advance about this fact and return the card.

……………………………………….

  *Signature*