

DECLARATION

of intention to provide cross-border services on the territory  
of the Republic of Poland<sup>1</sup>

I. Details of the service provider

Mr  Ms  <sup>2</sup>

Given name(s): .....

Surname: .....

Surname at birth: .....

Nationality: .....

Date of birth: day ..... month ..... year .....

Place of birth: country .....

city/town .....

Country of the service provider:

.....

Name of the regulated profession/regulated activity performed in the country of the service provider (in the language of the service provider's country and in Polish):

.....

.....

Contact details in the country of the service provider

Address: .....

.....

.....

.....

Telephone number (with country and city/town dialling code):

.....

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<sup>1</sup> Fill in legibly, in capital letters, in Polish, unless indicated otherwise.

<sup>2</sup> Put an X in the appropriate box.

Fax (with country and city/town dialling code):

.....

E-mail: .....

Contact details in the Republic of Poland<sup>3</sup>

Address:

.....

.....

Telephone number (with city/town dialling code):

.....

Fax (with city/town dialling code):

.....

E-mail: .....

II. Declaration of intention to provide cross-border services on the territory of the Republic of Poland

I HEREBY DECLARE THAT IN THE YEAR ..... I INTEND TO PROVIDE A  
CROSS-BORDER SERVICE  
ON THE TERRITORY OF THE REPUBLIC OF POLAND  
IN THE SCOPE OF THE FOLLOWING REGULATED PROFESSION/REGULATED  
ACTIVITY

.....

.....

(name of regulated profession/regulated activity to be provided in the Republic of Poland)

I AM SUBMITTING THIS DECLARATION:<sup>4</sup>

FOR THE FIRST TIME

AGAIN

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<sup>3</sup> Enter if it is possible to provide contact details in the territory

<sup>4</sup> Put an X in the appropriate box.

Enter if it is possible to provide contact details in the territory of the Republic of Poland.

I CERTIFY THAT THE FACTS AND CIRCUMSTANCES CONFIRMED BY DOCUMENTS ATTACHED TO THE PREVIOUS DECLARATION DATED

.....<sup>5</sup>

HAVE

HAVE NOT

CHANGED SIGNIFICANTLY.

### III. Information on the insurance policy or other means of individual or collective protection

I HOLD AN INSURANCE POLICY OR OTHER MEANS OF INDIVIDUAL OR COLLECTIVE PROTECTION WITH REGARD TO THE PERFORMANCE OF A REGULATED PROFESSION/REGULATED ACTIVITY, AS REQUIRED ON THE TERRITORY OF THE REPUBLIC OF POLAND:<sup>6</sup>

YES

Name of the insurer: .....

Number of insurance policy or other means of individual or collective protection:

.....

NO

NOT APPLICABLE<sup>7</sup>

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<sup>5</sup> Enter the date of the previous declaration and put an X in the appropriate box if the declaration is submitted again. Documents attached to the previous declaration also include documents that were updated or supplemented in the period between the date of the previous declaration and the date of this declaration.

<sup>6</sup> Put an X in the appropriate box.

<sup>7</sup> Put an X in the box only if the applicable regulations do not require that a person must hold an insurance policy or other means of individual or collective protection with regard to the performance of a regulated profession or regulated activity in the Republic of Poland.

IV. List of documents attached to the declaration:<sup>8</sup>

1. Proof of the nationality of the service provider

2. An attestation certifying that the holder is legally established in a Member State for the purpose of pursuing the activities concerned and that he is not prohibited from practising, even temporarily, at the moment of delivering the attestation

3. Evidence of the service provider's professional qualifications:<sup>9</sup>

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....
- .....
- .....

4. Document confirming that the service provider has pursued a regulated profession or a regulated activity for at least one year during the previous ten years or that they have completed regulated education<sup>10</sup>

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<sup>8</sup> If documents are required to be attached to the declaration by a competent authority in accordance with Article 33(4) and (5) of the Act of 22 December 2015 on the Rules for Recognition of Professional Qualifications Acquired in the Member States of the European Union (Journal of Laws of 2016, item 65). If documents listed in items 2-5 and 7 are attached to the declaration, they should be submitted in Polish or in another language together with a translation into Polish prepared by a sworn translator conducting business activity in the Republic of Poland or in a Member State. Put an "X" in the appropriate box in the right-hand column of the list if a given document is attached to the declaration (applies to items 1-2, 4-7).

<sup>9</sup> Enter the name of each document confirming the professional qualifications of the service provider attached to the declaration (certificates, diplomas, other documents).

<sup>10</sup> This document may be required by a competent authority to be attached to the declaration in accordance with Article 31(1)(2) of the Act of 22 December 2015 on the Rules for Recognition of Professional Qualifications Acquired in the Member States of the European Union (i.e. if a profession or activity is not regulated in the country of the service provider).

5. CERTIFICATE CONFIRMING THAT THE SERVICE PROVIDER'S LICENSE TO PURSUE A REGULATED ACTIVITY HAS NOT BEEN SUSPENDED OR CERTIFICATE OF NO CRIMINAL CONVICTIONS<sup>11</sup>

6. Statement confirming the knowledge of the Polish language necessary to pursue the regulated profession<sup>12</sup>

7. Certificate stating the nature, duration and type of regulated activity, issued by the country of the service provider<sup>13</sup>

**I confirm that the information in this declaration is true and accurate.**

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(place and date)

(signature of the service provider)

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<sup>11</sup> This document may be required by a competent authority to be attached to the declaration if it is required from Polish nationals intending to pursue a regulated profession or regulated activity related to public safety, health services or education of minors, including childcare and early education.

<sup>12</sup> This document may be required by a competent authority for professions affecting patient safety.

<sup>13</sup> This document may be required by a competent authority for professions related to health and public safety.