Załącznikdo procedury nr 5 – wniosek

Appendix to procedure No 5 – application form

**Wniosek o podanie dalszych danych identyfikujących tożsamość pracowników, funkcjonariuszy organów bezpieczeństwa państwa oraz osób, które przekazywały informacje o wnioskodawcy/zmarłej osobie najbliższej lub spokrewnionej\* organom bezpieczeństwa państwa, składany na podstawie art. 35 ust. 1/2\* ustawy z dnia**
**18 grudnia 1998 r. o Instytucie Pamięci Narodowej – Komisji Ścigania Zbrodni przeciwko Narodowi Polskiemu (Dz. U. z 2016 r. poz. 1575).**

Application for the provision of further personal data identifying the employees, officers of the state security services and persons who offered information concerning the applicant/a deceased close or family relative\* to the state security services, filed pursuant to Article 35 (1/2)\* of the Act of 18 December 1998 on the Institute of National Remembrance –Commission for the Prosecution of Crimes against the Polish Nation (OJ of 2016, item 1575).

**Wnioskodawca**

Applicant

Nazwisko

Surname

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Imiona

First and middle names

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**Adres zamieszkania**

Address of residence

Miejscowość

Town/City

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Ulica

Street

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Nr domu Nr mieszkania

House No. Flat No.

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Kod pocztowy Poczta

Post code Post office

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Państwo (dla osób zamieszkałych za granicą)

Country (for persons residing outside Poland)

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Ostanie miejsce zamieszkania w kraju (dla osób zamieszkałych za granicą)

Last place of residence in Poland (for persons residing outside Poland)

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**Adres do korespondencji (jeśli inny niż adres zamieszkania)/adres pełnomocnika/adres pełnomocnika do doręczeń w kraju\***

Address for correspondence (if different from the address of residence)/address of the attorney/address of the attorney to whom documents shall be delivered in Poland\*

Imię pełnomocnika/pełnomocnika do doręczeń w kraju

First name of the attorney/the attorney to whom documents shall be delivered in Poland

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Nazwisko pełnomocnika/pełnomocnika do doręczeń w kraju

Surname of the attorney/the attorney to whom documents shall be delivered in Poland

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Miejscowość

Town/City

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Ulica

Street

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Nr domu Nr mieszkania

House No. Flat No.

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Kod pocztowy Poczta

Post code Post office

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**Tel. kontaktowy/e-mail** …………………………………………

Contact phone No./email

**Dane osoby zmarłej, której dotyczy wniosek**

Personal data of the deceased person whom the application concerns

**(w przypadku wniosku składanego przez osobę najbliższą lub krewnego, o których mowa w art. 35a ust. 4 ustawy o Instytucie Pamięci Narodowej – Komisji Ścigania Zbrodni przeciwko Narodowi Polskiemu)**

(in the event of an application submitted by a close or family relative, referred to in Article 35a (4) of the Act of 18 December 1998 on the Institute of National Remembrance –Commission for the Prosecution of Crimes against the Polish Nation

Stopień pokrewieństwa/powinowactwa

Relationship/affinity

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Nazwisko

Surname

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Imiona

First and middle names

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Inne używane nazwiska/nazwisko rodowe

Other surnames used/maiden name

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**Numer wniosku o udostępnienie dokumentów na podstawie art. 30 ust. 1 ustawy o Instytucie Pamięci Narodowej…………………………...……………………………………………………….**

Number of the application for granting access to documents pursuant to Article 30 (1) of the Act on the Institute of national Remembrance

**Jednostka organizacyjna Instytutu Pamięci, w której realizowany był wniosek z art. 30 ust. 1 ustawy o Instytucie Pamięci Narodowej…..……………………………………………………...**

Organisational unit of the Institute of National Remembrance in which the application under Article 30 (1) of the Act on the Institute of National Remembrance was processed

Na podstawie art. 35 ust. 1/2\* ustawy z dnia 18 grudnia 1998 r. o Instytucie Pamięci Narodowej
– Komisji Ścigania Zbrodni przeciwko Narodowi Polskiemu (Dz. U. z 2016 r. poz. 1575) wnoszę o podanie mi dalszych danych identyfikujących tożsamość osób przekazujących informacje
o mnie/zmarłej osobie mi najbliższej lub spokrewnionej\* organom bezpieczeństwa państwa oraz pracowników i funkcjonariuszy organów bezpieczeństwa państwa, którzy zbierali lub oceniali informacje o mnie/zmarłej osobie mi najbliższej lub spokrewnionej,\* lub prowadzili osoby, które przekazywały organom bezpieczeństwa państwa te informacje:

Pursuant to Article 35 (1/2)\* of the Act of 18 December 1998 on Institute of National Remembrance - Commission for the Prosecution of Crimes against the Polish Nation (OJ of 2016 item 1575), I hereby request the provision of further data identifying the persons who offered information about myself/deceased close or family relative to the state security services and employees and officers of the state security services who collected and/or assessed information about myself/ deceased close or family relative or supervised persons who provided the state security services with such information:

pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

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pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

pseudonim/nazwisko funkcjonariusza……………………………..**sygn. akt \***………………

officer’s pseudonym/surname file reference\*

\***Dotyczy sygn. materiałów archiwalnych, w których znajduje się pseudonim/nazwisko funkcjonariusza.**

\* Concerns the file reference of archives containing the pseudonym/surname of the officer.

**Wskazanie oddziału/delegatury Instytutu Pamięci Narodowej, w której wnioskodawca chciałby odebrać notę:**

Indication of the relevant branch office/delegation of the IPN where the applicant would like to receive the note:

………………………………………………………………………………………………………………………

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 miejscowość, data podpis wnioskodawcy

 Town/city and date the applicant’s signature

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\* Niepotrzebne skreślić.

\* Delete as applicable.

Zgodnie z art. 40 § 4 i 5 ustawy z dnia 14 czerwca 1960 r. – Kodeks postępowania administracyjnego
(Dz. U. z 2017 r. poz. 1257) strona, która nie ma miejsca zamieszkania lub zwykłego pobytu albo siedziby
w Rzeczypospolitej Polskiej lub innym państwie członkowskim Unii Europejskiej, jeżeli nie ustanowiła pełnomocnika do prowadzenia sprawy zamieszkałego w Rzeczypospolitej Polskiej i nie działa za pośrednictwem konsula Rzeczypospolitej Polskiej, jest obowiązana wskazać w Rzeczypospolitej Polskiej pełnomocnika do doręczeń, chyba że doręczenie następuje za pomocą środków komunikacji elektronicznej. W razie niewskazania pełnomocnika do doręczeń przeznaczone dla tej strony pisma pozostawia się w aktach sprawy ze skutkiem doręczenia. Strona ma prawo do złożenia odpowiedzi na pismo wszczynające postępowanie i wyjaśnień na piśmie.

Pełnomocnikiem może być osoba fizyczna posiadająca zdolność do czynności prawnych.

Pursuant to Article 40 (4) (5) of the Act of 14 June 1960 - Code of Administrative Procedure (OJ of 2017, item 1257) if a party
who does not have a domicile or a habitual residence or a registered seat in the Republic of Poland or in other member state
of the European Union, did not appoint an attorney domiciled in the Republic of Poland to conduct the case in the Republic of Poland and does not act through a Polish consul, he/she is obligated to indicate an attorney in the Republic of Poland for delivery service unless the correspondence is to be delivered via e-mail. Should an attorney for delivery service not be indicated, the correspondence designated to the party shall be left in case files with the effect of delivery. The party has the right to submit a response to the letter initiating the proceedings and explanations in writing.

The attorney may be a natural person having legal capacity.