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SURNAME AND FIRST NAME

MEMBER'S NUMBER

.....  
residential address

**To the PKZP Management Board  
of  
the University of Economics  
in Katowice**

**REQUEST FOR REIMBURSEMENT OR TRANSFER OF DEPOSITS**

I request that my savings deposits be transferred to the bank account of the Employee Loans and Savings Fund in .....  
bank ..... account ..... number .....  
..... – that my deposits be reimbursed within a time limit specified in §12 of the PKZP Statute – due to the termination of an employment relationship – because I announce that I leave the PKZP\*) as of .....20.....

Katowice, date ..... 20.....

.....  
(handwritten signature)

=====  
I confirm, on the basis of the PKZP accounts, that the balance of the abovementioned deposits is PLN

.....,  
outstanding liabilities PLN ....., to be paid PLN .....

Katowice, date ..... 20.....

.....  
(PKZP accountant)

=====  
The PKZP Management Board at the meeting on ..... 20..... decided, pursuant to the provision of § 10 of the Statute, to remove Mr/Mrs ..... from the list of members, to cease further deduction of deposits and after deducting the debt in the amount of PLN ..... to transfer the deposits due in the amount of PLN ..... to the bank account of the abovementioned PKZP – to pay\*) by ..... 20.....

PKZP Management Board

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I received the amount of PLN..... (say  
.....)  
on .....

.....  
.....  
(signature of the paying entity)

(signature of the receiving entity)

NOTE: In the event of payment to the authorized person, an authorization in writing must be attached.  
In the event of sending or transferring the deposits, the proof of transfer must be attached.

=====  
Entered in the accounts on .....20..... ID card number .....  
Deleted from the record  
Member's reference number.....

.....  
(signature)

\*\* delete as appropriate

