

Date



Legible signature

PERSONAL AND BANK INFORMATION FORM

(should be completed by computer or in block letters)

		_					
Student ID number:							
Name and Surname:							
Date of birth:							
Nationality:							
Home address:							
Address (in Poland):							
Telephone:				E-mail:			
				•			
Year of study*		Level of study *		Type of study*		full-time study ☐ part-time study ☐	
* applies to the mobility period		iod	<u> </u>				
Name of Faculty:							
Field of study:							
Bank account number (EUR):							
Name of the bank:					SWIF	SWIFT:	
Receiving organization (Name/Erasmus+ code):							
•	<u> </u>						
Period of mobility	y :						
I hereby confirm that I am familiar with the rules of participation in the Erasmus+ Action 1 Key Action 131, the internal "Regulations of Implementation of Erasmus+ Programme" (Ordinance No. 207/2016 of the Rector of CUT dated 15.03.2016), and I confirm that I consent to the inclusion of the above data in the database for the purpose of recruitment and implementation of the process within the framework of the Erasmus+ Program KA 131.							

I agree to share my data with other Erasmus+ KA131 participants (excluding address and date of birth and bank information)

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