

Please complete this form and return to the Government Agent for Poland
by **end of August 2009**

Fax: +48 22 523 95 12 (Attn: Mr. Jakub Wolasiewicz) or email:
jakub.wolasiewicz@msz.gov.pl

1. Personal data	
First Name	
Family Name	
Title	Dr/Mr/Mrs/Ms Gender <input type="checkbox"/> M <input type="checkbox"/> F
Designation	
Organisation	
Postal Address	
Telephone Number	
Fax Number	
Mobile phone (if any)	
Email	

2. Passport Details			
Name in Passport (ID)		Date of Issue	
Passport No.		Date of Expiry	
Place of Issue		Nationality	