



**Risk Assessment and Benefit Payment Department**  
**Questionnaire B7 Foreigner**

Application No.  

\_\_\_\_\_  
Name and surname of the Representative

\_\_\_\_\_  
Representative No.

\_\_\_\_\_  
Office No.

**The Insuring Party/Policyholder**

\_\_\_\_\_  
Surname/Name

\_\_\_\_\_  
First name

**The Insured Party**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Citizenship

Are you applying for the right of residence or citizenship in a Member State<sup>1</sup> in exchange for capital transfers, property or Treasury bonds purchase, or investments in subsidiaries of a corporate nature in a given Member State?  Yes  No

Do you have a Polish permanent residence card?  Yes  No

If not, will you apply for a permanent residence card?

\_\_\_\_\_

Have you ever denied a permanent residence card?  Yes  No

If yes, please state below, what was the cause of the denial?

\_\_\_\_\_

How long have you been staying in Poland? \_\_\_\_\_

Are you registered as a resident in Poland? If the registration is temporary, please state the period:

\_\_\_\_\_

Do you have a Polish work permit?  Yes  No

Are you employed in Poland?  Yes  No

Why are you in Poland?

\_\_\_\_\_

Do you plan to take up permanent residence in Poland?

\_\_\_\_\_

What nationality is your spouse?

\_\_\_\_\_

Further information that may influence the risk assessment:

\_\_\_\_\_

\_\_\_\_\_

I confirm that the information above is complete and true. This document is a part of the insurance application.

The Insured Party  
Specimen signature<sup>2</sup>

\_\_\_\_\_

Date \_\_\_\_\_

Representative  
Signature

\_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup> A Member State of the European Union or a Member State of European Free Trade Association (EFTA) – a party in the European Economic Area agreement.

<sup>2</sup> identical to the specimen signature on the insurance application