KINDERGELD - PERSONAL QUESTIONNAIRE - GERMAN FAMILY ALLOWANCE

PLEASE COMPLETE IN BLOCK CAPITALS

PERSONAL DETAILS OF THE APPLICANT				PERSONAL DETAILS OF SPOUSE/PARTNER			
MARITAL STATUS:	SINGLE ☐	MARRIED ☐	WIDOWED ☐	DIVORCED ☐	CIVIL PARTNERSHIP ☐	IN PERMANENT SEPARATION ☐	ENTER THE DATE FROM WHEN: / / 202__
FIRST NAME:				FIRST NAME:			
SURNAME:				SURNAME:			
DATE OF BIRTH:				DATE OF BIRTH:			
IDENTIFICATION NUMBER:				IDENTIFICATION NUMBER:			
TELEPHONE:				TELEPHONE:			
E-MAIL:				E-MAIL:			

REGISTRATION ADDRESS IN GERMANY		REGISTERED ADDRESS IN COUNTRY OF ORIGIN	
CITY + POSTAL CODE:		CITY + POSTAL CODE:	
STREET + NO.:		STREET + NO.:	
ADDRESS OF RESIDENCE IN COUNTRY OF ORIGIN)		ADDRESS OF RESIDENCE IN COUNTRY OF ORIGIN	
CITY + POSTAL CODE:		CITY + POSTAL CODE:	
STREET + NO.:		STREET + NO.:	

PERSONAL DATA OF CHILDREN BELONGING TO THE HOUSEHOLD OF THE PERSON ENTITLED TO RECEIVE KINDERGELD

CHILD'S FIRST AND LAST NAME	DATE OF BIRTH	LEGAL RELATIONSHIP OF THE CHILD *	MARITAL STATUS	PLACE OF RESIDENCE
1.				
2.				
3.				
4.				
5.				

* A) child from a marital relationship, B) recognised child, C) adopted child, D) child born out of wedlock, E) spouse's child(ren) belonging to the household, F) grandchildren and siblings who have been taken into the household

ADDRESS OF CHILDREN'S REGISTRATION IN COUNTRY OF ORIGIN		ADDRESS OF RESIDENCE IN COUNTRY OF ORIGIN)	
CITY + CODE:		CITY + CODE:	
STREET + NO.:		STREET + NO.:	
IF THE CHILD DOES NOT LIVE WITH THEIR PARENTS, STATE THE REASON:			

BANK ACCOUNT FOR KINDERGELD PAYMENTS

_ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _	BIC CODE:	
ACCOUNT HOLDER:	BANK NAME:	

INFORMATION REGARDING EMPLOYMENT IN GERMANY

EMPLOYER NAME:					
EMPLOYER'S ADDRESS:					
DATE OF EMPLOYMENT START:		DATE OF TERMINATION OF EMPLOYMENT:		OWN BUSINESS IN GERMANY (GEWERBA)?	YES / NO
WERE YOU POSTED TO WORK IN GERMANY?	YES / NO	IN WHICH COUNTRY DID YOU PAY SOCIAL SECURITY CONTRIBUTIONS?	GERMANY ☐ COUNTRY OF ORIGIN	MONTHLY WORKING HOURS:	
IF YOU CHOSE **GERMANY**, PLEASE PROVIDE YOUR INSURANCE NUMBER (VERSICHERUNGSNUMMER)		HAVE YOU TAKEN A BREAK FROM WORK IN GERMANY FOR ANY REASON (IN THE LAST 5 YEARS)?		YES / NO	
MATERNITY LEAVE ☐	PARENTAL LEAVE ☐	ACCIDENT AT WORK ☐		ILLNESS ☐	UNEMPLOYMENT ☐
HAVE YOU FILED YOUR TAX RETURN IN GERMANY?	YES / NO	**IF YES, FOR WHICH YEARS - PLEASE ENCLOSE A COPY OF THE DECISION!**			

INFORMATION ABOUT YOUR SPOUSE/PARTNER - FILL IN ONLY IF APPLICABLE

NAME OF EMPLOYER:					
EMPLOYER'S ADDRESS:					
DATE OF EMPLOYMENT:		DATE OF TERMINATION OF EMPLOYMENT:		OWN BUSINESS IN GERMANY (GEWERBA)?	YES / NO
WERE YOU POSTED TO WORK IN GERMANY?	YES / NO	IN WHICH COUNTRY DID YOU PAY SOCIAL SECURITY CONTRIBUTIONS?	GERMANY ☐ COUNTRY OF ORIGIN	MONTHLY WORKING HOURS:	
IF YOU CHOSE **GERMANY**, PLEASE PROVIDE YOUR INSURANCE NUMBER (VERSICHERUNGSNUMMER)		HAVE YOU TAKEN A BREAK FROM WORK IN GERMANY FOR ANY REASON (IN THE LAST 5 YEARS)?		YES / NO	
MATERNITY LEAVE ☐	PARENTAL LEAVE ☐	ACCIDENT AT WORK ☐		ILLNESS ☐	UNEMPLOYMENT ☐

DATA ON ADULT CHILDREN OR CHILDREN WHO WILL SOON TURN 18

IF THEY ARE IN EDUCATION, PROVIDE THE NAME OF THE SCHOOL AND THE PERIOD OF EDUCATION:	
IF NOT IN EDUCATION OR EMPLOYMENT, PLEASE STATE THE REASON:	
IF WORKING, PLEASE STATE THE NUMBER OF HOURS WORKED PER MONTH:	

INFORMATION ABOUT FAMILY BENEFITS RECEIVED IN POLAND OR OTHER COUNTRIES					
DO YOU RECEIVE FAMILY BENEFITS (500+) IN A COUNTRY OTHER THAN GERMANY?	YES / NO	AMOUNT:		PAYER:	
BENEFICIARY:			DATE OF BIRTH:		

ATTACHMENTS PROVIDED:					
	number of documents		number of documents		number of documents
1. European birth certificates for children:		4. Bescheid (tax decision)		7. A1 document	
2. European marriage certificate		5. Lohnsteuerbescheinigung			
3. 500+ decision / family allowance:		6. Confirmation of insurance in Germany			

DECLARATIONS:

Declaration: I have completed the personal questionnaire truthfully and in accordance with the law. I will take care of the formalities at Polish offices myself. I understand that the application fee is non-refundable.

CONSENT TO THE PROCESSING OF PERSONAL DATA

I, the undersigned, consent to the processing of my personal data within the scope specified above for the purpose of order fulfilment by Biuro Borsuk S.J. and entities from the "Borsuk" capital group. Please be advised that your consent may be withdrawn at any time.

DATE:		SIGNATURE:	