

<b>CEIDG-1 APPLICATION FOR ENTRY TO THE CENTRAL REGISTER AND INFORMATION ON ECONOMIC ACTIVITY</b>			
This application is also a notification to ZUS / KRUS, GUS and the head of the tax office.			
This application concerns a natural person subject to entry in the Central Register and Information on Economic Activity (CEIDG)			
The application also concerns the updating of data not covered by an entry in CEIDG.	Space for a bar code		
Read the instructions before filling in. The submission day of the application is the day on which the applicant signed the application. The CEIDG Register is run by the minister competent for economy.			
<b>01. Type of application:</b>		<b>02. Date and place of the submission of the application:</b> (to be filled by the Office)	
<input type="checkbox"/> 1 - application for the entrepreneur's entry into CEIDG. The fields required in the entry application are marked on the form with an (*)  <input type="checkbox"/> 2 - application for changing the entry in CEIDG and other data. Date of change (YYYY-MM-DD): _____ - ____ - ____  <input type="checkbox"/> 3 - application for the suspension of business activities. <input type="checkbox"/> 4 - application for the resumption of business activities. <input type="checkbox"/> 5 - application for the entrepreneur to be deleted from CEIDG.		<b>02.1.</b> Name of the office where the application is submitted:	
		<b>02.2.</b> Date of the submission of the application:  _____ - ____ - ____ (YYYY-MM-DD)	
		<b>02.3.</b> Application submitted by: Entrepreneur <input type="checkbox"/> Authorized Person <input type="checkbox"/>	
<input type="checkbox"/> <b>03. Applicant data:</b>			
1. Sex*: Female <input type="checkbox"/> Male <input type="checkbox"/>	2a. Type of identification document*: Identity card <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/> , specify what: .....		
2b. Series and number of the identity document *.....			
3. PESEL number*: _____ I have no PESEL number <input type="checkbox"/>	4. NIP number*: _____ I have no NIP number <input type="checkbox"/>	5. REGON number*: _____ I have no REGON number <input type="checkbox"/>	
6. Last name*:		7. First name*:	
8. Family name:		9. Second name: (if applies)	
10. Father's name*:		11. Mother's name*:	
12. Place of birth*:		13. Date of birth*:  _____ - ____ - ____ (YYYY-MM-DD)	
14. Citizenships*: <input type="checkbox"/> Polish <input type="checkbox"/> I have no citizenship Other:.....			
15. I declare that the person is not subject to the prohibition referred to in art. 5 par. 2 points 13-15 of the Act of March 6, 2018 on the Central Register and Information on Economic Activity and the Information Point for the Entrepreneur in the field of economic activities covered by the entry, and that the person to whom the entry relates has a legal title to the real estate whose addresses are entered in CEIDG. I am aware of criminal liability for submitting a false statement*.  <input type="checkbox"/> - yes, I declare <small>According to art. 233 § 6 of the Act of June 6, 1997, the Penal Code, a person who makes a false statement and has been forewarned of criminal liability for submitting a false statement, shall be punishable by imprisonment from 6 months to 8 years. According to art. 7 par. 2 of the Act on Central Register and Information on Economic Activity and the Information Point for the Entrepreneur, including the statement with the following clause: "I am aware of criminal liability for submitting a false statement" replaces the instruction of the authority authorized to receive a statement on criminal liability for submitting a false statement.</small>			
<b>03.1.</b> I am a foreigner referred to in art. 4 par. 2 or par. 4 or par. 5 of the Act on the rules for the participation of foreign entrepreneurs and other foreign persons in business transactions on the territory of the Republic of Poland. <input type="checkbox"/>			
<b>03.2.</b> Data of the document confirming the status of a foreigner:			
1. Date of document issue:  _____ - ____ - ____ (YYYY-MM-DD)	2. Document reference number:	3. Authority issuing the document:	
<input type="checkbox"/> <b>04. Address of the applicant's residence:</b>			
1. Country*:	2. Region:	3. Poviast:	4. Municipality/District:
5. City / town:	6. Street:		7. Real estate / house number:
8. Apartment number:		9. Postal code:	
10. Post office:		11. Description of an unusual place:	
<input type="checkbox"/> <b>05. Electronic address:</b>			
Address in the ICT system. For the service of letters by electronic means of communication, the electronic address on the tax portal or in the ePUAP system can apply, if such a method of delivery has been requested or consented (Article 144a § 1 point 2 or Article 144a § 1 point 3 in connection with Article 3e § 1 of the Act of 29 August 1997 - Tax Code (Journal of Laws of 2017, item 201, as amended)). The electronic address in the ePUAP system can also apply to the service of letters in analogous cases specified in art. 391 § 1 point 2 or art. 391 § 1 point 3 in connection with art. 391 § 1a of the Act of 14 June 1960 - Code of Administrative Procedure (Journal of Laws of 2017 item 1257). Below you can choose to opt out of the email address provided.			
1. Electronic address:		2. Opting out of the electronic address <input type="checkbox"/>	

<input type="checkbox"/> <b>06. The company of the entrepreneur to whom the application refer*</b> (the company name must contain the name and surname of the entrepreneur):			
<input type="checkbox"/> <b>06.1.</b> Expected number of employees * (entrepreneur + planned number of employees)			
<input type="checkbox"/> <b>06.2.</b> Types of the economic activity symbol (5 characters) according to PKD 2007 Individual codes and related procedures can be found on the website <a href="http://www.pkd.gov.pl">www.pkd.gov.pl</a>			Prevalent*: <input type="checkbox"/> 1. _____
2. _____ Deletion <input type="checkbox"/>	3. _____ Deletion <input type="checkbox"/>	4. _____ Deletion <input type="checkbox"/>	
5. _____ Deletion <input type="checkbox"/>	6. _____ Deletion <input type="checkbox"/>	7. _____ Deletion <input type="checkbox"/>	
8. _____ Deletion <input type="checkbox"/>	9. _____ Deletion <input type="checkbox"/>	Continued in the attachment CEIDG-RD <input type="checkbox"/>	
<input type="checkbox"/> <b>07. Short name*:</b> (in the absence of a name, please provide first and last name)		<input type="checkbox"/> <b>08. Date of the commencement of activities*:</b>  _____ - ____ - ____ (YYYY-MM-DD)	
<input type="checkbox"/> <b>09. Contact details:</b>		I object to sharing contact information with CEIDG <input type="checkbox"/>	
1. Telephone number:		2. E-mail address:	
3. Fax:		4. Website:	
<b>10. Addresses related to business activities*:</b>			
<input type="checkbox"/> <b>10.1.</b> Address for service*:			
1. Addressee:			
2. Country:	3. Region:	4. Poviast:	5. Municipality/District:
6. City / town:	7. Street:	8. Real estate / house number:	9. Apartment number:
10. Postal code:	11. Post office:	12. Post office box:	
<input type="checkbox"/> <b>10.2.</b> Permanent place of business*:		Lack of a permanent place of business <input type="checkbox"/>	
In the absence of a permanent place of business, the address of residence will be used for tax purposes.			
1. Region:	2. Poviast:	3. Municipality/District:	
4. City / town:	5. Street:	6. Real estate / house number:	7. Apartment number:
8. Postal code:	9. Post office:		
10. Description of an unusual place:			
<b>11. Additional permanent places of business activity:</b>			
11.1. REGON identification number: _____			Deletion <input type="checkbox"/>
11.2. Local unit name:			
<input type="checkbox"/> <b>11.3.</b> Additional business address:			
1. Country:	2. Region:	3. Poviast:	4. Municipality/District:
5. City / town:	6. Street:	7. Real estate / house number:	8. Apartment number:
9. Postal code:	10. Post office:		
11. Description of an unusual place:			
12. The indicated address refers to the place of business run by: <input type="checkbox"/> entrepreneur <input type="checkbox"/> a civil law partnership in which the entrepreneur participates			
<input type="checkbox"/> <b>11.4.</b> Expected number of employees:.....			
<input type="checkbox"/> <b>11.5.</b> Date of the commencement of the unit activities:  _____ - ____ - ____ (YYYY-MM-DD)		<input type="checkbox"/> <b>11.6.</b> Healing establishment of the therapeutic entity.	

11.7. Types of business activities performed at this location (5 characters) according to PKD 2007		Prevalent*: <input type="checkbox"/> 1. _____	
2. _____ Deletion <input type="checkbox"/>	3. _____ Deletion <input type="checkbox"/>	4. _____ Deletion <input type="checkbox"/>	
5. _____ Deletion <input type="checkbox"/>	6. _____ Deletion <input type="checkbox"/>	Continued in the attachment CEIDG-RD <input type="checkbox"/>	
Further business locations in attachment CEIDG-MW <input type="checkbox"/>			
<input type="checkbox"/> <b>12. I am subject to compulsory insurance in *:</b> (only one box should be checked)			
Social Insurance Institution <input type="checkbox"/> <small>(fill in field 12.1 and optional 12.2)</small>		Agricultural Social Insurance Fund <input type="checkbox"/> <small>(fill in box 13)</small>	
I am insured abroad <input type="checkbox"/>			
12.1. Date of establishment of the obligation to pay ZUS contributions (YYYY-MM-DD): _____ - _____ - _____			
12.2. I attach the ZUS (Social Security Institution) applications: ZWUA <input type="checkbox"/> , ZUA <input type="checkbox"/> , ZIUA <input type="checkbox"/> , ZCNA <input type="checkbox"/> ZZA <input type="checkbox"/> , items.....			
<input type="checkbox"/> <b>13. Data for the needs of KRUS:</b>			
13.1. I declare, that:			
1) my file is managed by the KRUS field unit: .....			
2) I want to continue farmers' social insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO			
3) in the previous tax year:			
a) I conducted a non-agricultural business activities: <input type="checkbox"/> YES <input type="checkbox"/> NO			
b) I cooperated in conducting non-agricultural business activities: <input type="checkbox"/> YES <input type="checkbox"/> NO			
4) declaration of the competent head of the tax office on not exceeding the amount of income tax due on non-agricultural economic activities for the previous tax year:			
a) I submitted at the relevant KRUS field unit: <input type="checkbox"/> YES <input type="checkbox"/> NO			
b) I submit with this application: <input type="checkbox"/> YES <input type="checkbox"/> NO			
c) I will submit at the relevant KRUS field unit within 14 days from the day of commencing non-agricultural business activities within the meaning of the Act on social insurance for farmers: <input type="checkbox"/> YES <input type="checkbox"/> NO			
5) the tax authority competent for the settlement of income tax on non-agricultural business income for the previous tax year is: .....			
13.2. I declare that I have exceeded the amount of income tax due on income from non-agricultural business activities for the previous tax year: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> <b>14. Information on the suspension of business activities:</b>			
1. Suspension start date (YYYY-MM-DD): _____ - _____ - _____ At the same time I want to indicate the date of the resumption of business <input type="checkbox"/> (the date should be provided in box 15)		2. I resign from the suspension of business activities <input type="checkbox"/>	
<input type="checkbox"/> <b>15. Information on resuming business activities:</b>			
1. Resumption date (YYYY-MM-DD): _____ - _____ - _____		2. I resign from resuming business activities <input type="checkbox"/>	
<input type="checkbox"/> <b>16. Information on the cessation of business activities:</b>			
1) Date of permanent cessation of business activities (YYYY-MM-DD): _____ - _____ - _____			
2) I resign from the cessation of activities <input type="checkbox"/>			
3) Transformation into a sole shareholder company <input type="checkbox"/>			
4) No activity was undertaken <input type="checkbox"/>			
<input type="checkbox"/> <b>17. Information on heads of tax offices:</b>			
17.1. Current head of the tax office competent for taxpayers' records: .....		17.2. Current head of the tax office competent for personal income tax (if different from that in box 17.1): .....	
<input type="checkbox"/> <b>18. I declare that I will pay personal income tax in the form of:</b> (The choice of taxation affects the amount of future tax and the type and scope of accounting records. Change of the indicated form of taxation for each tax year can be made by January 20.) More on: <a href="http://biznes.gov.pl/podatki">biznes.gov.pl/podatki</a> )			
1. general principles <input type="checkbox"/>	2. linear <input type="checkbox"/>	3. lump sum on recorded revenues <input type="checkbox"/>	4. tax card <input type="checkbox"/> I attach the PIT-16 application <input type="checkbox"/>
<input type="checkbox"/> <b>19. Form of advance payment:</b>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
		<input type="checkbox"/> Simplified	
<input type="checkbox"/> <b>20. Type of accounting records held:</b>			
1. accounting books <input type="checkbox"/>	2. tax book of revenues and expenses <input type="checkbox"/>	3. other records <input type="checkbox"/>	4. not held <input type="checkbox"/>
<input type="checkbox"/> <b>21. Details of the entity holding the applicant's accounting records:</b>			
1. Company:		2. NIP number: _____	Termination of the contract <input type="checkbox"/>
<input type="checkbox"/> <b>22. Storage address of the applicant's accounting records:</b>			
1. Country:	2. Region:	3. Poviat:	4. Municipality/District:
5. City / town:	6. Street:		7. Real estate / house number:
8. Apartment number:			
9. Postal code:	10. Post office:		

<input type="checkbox"/> <b>23. I run a sheltered workshop</b> <input type="checkbox"/>			
<input type="checkbox"/> <b>24. I run a business only in the form of a civil law company / companies</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> <b>25. I am a partner in a civil law partnership / partnerships:</b>			
1. NIP number of the company: _____		2. REGON number of the company: _____	
Deletion of information on a civil law partnership from an entry in CEIDG <input type="checkbox"/>			
3. I suspended my activities in the company on: _____ (YYYY-MM-DD)		4. I resumed my activities in the company on: _____ (YYYY-MM-DD)	
Continued in the attachment CEIDG-SC <input type="checkbox"/>			
<input type="checkbox"/> <b>26. Information on marital joint property:</b>			
1. I am connected to a spouse by a property community: <input type="checkbox"/> YES <input type="checkbox"/> NO / Not applicable		2. The marital property community ceased to exist on: _____ (YYYY-MM-DD)	
<input type="checkbox"/> <b>27. Identification data of the applicant's bank accounts:</b>			
<input type="checkbox"/> <b>27.1. Bank account related to conducting business activities:</b>			
1. Country of the bank's (branch) headquarters: _____		2. Full name of the bank (branch): _____	
3. Account holder: _____			
4. Account number (from 5 to 26 characters): _____		5. Liquidation <input type="checkbox"/>	
6. Account to which tax refund will be made <input type="checkbox"/>		Continued in the attachment CEIDG-RB <input type="checkbox"/>	
<input type="checkbox"/> <b>27.2. Personal bank account (not related to business activities):</b>			
1. Country of the bank's (branch) headquarters: _____		2. Full name of the bank (branch): _____	
3. Account holder: _____			
4. Account number (from 5 to 26 characters): _____		5. Resignation <input type="checkbox"/>	
<input type="checkbox"/> <b>28. Information on identification numbers obtained in other countries for tax or social security purposes:</b>			
1. Country: _____	2. Number: _____	3. Type: Tax <input type="checkbox"/> Insurance <input type="checkbox"/>	Continued in the attachment CEIDG-RB <input type="checkbox"/>
<input type="checkbox"/> <b>29. I have authorized a person to handle my affairs:</b>			
<input type="checkbox"/> <b>29.1. Proxy details:</b>		Deleting the power of attorney entry from CEIDG <input type="checkbox"/>	
The proxy is a legal entity <input type="checkbox"/>	1. Company's proxy name: _____		
2. First name: _____	3. Last name: _____		
4. PESEL/KRS number: _____	5. Date of birth (YYYY-MM-DD): _____		
6. NIP number: _____	7. Citizenships:.....		
<input type="checkbox"/> <b>29.2. Proxy's address for service:</b>			
1. Country: _____	2. Region: _____	3. Poviast: _____	4. Municipality/District: _____
5. City / town: _____	6. Street: _____	7. Real estate / house number: _____	8. Apartment number: _____
9. Postal code: _____	10. Post office: _____	11. Post office box: _____	
12. E-mail address: _____	13. Website: _____	14. Telephone number: _____	
Continued in the attachment CEIDG-PN <input type="checkbox"/>			
<input type="checkbox"/> <b>29.3. In the scope of the CEIDG register, the power of attorney covers the following activities:</b>			
<input type="checkbox"/> change of entry in CEIDG <input type="checkbox"/> entry of information in CEIDG about the suspension of business activities <input type="checkbox"/> entry of information in CEIDG about the resumption of business activities <input type="checkbox"/> application for deletion of an entry in CEIDG <input type="checkbox"/> handling matters via the contact point			
<input type="checkbox"/> <b>30. I enclose the following documents:</b> (number of the form)			
<input type="checkbox"/> CEIDG-RD ..... items	<input type="checkbox"/> CEIDG-MW .....items	<input type="checkbox"/> CEIDG-RB.....items	
<input type="checkbox"/> CEIDG-SC ..... items	<input type="checkbox"/> CEIDG-PN ..... items	<input type="checkbox"/> Other ..... items	

**31. Information regarding the processing of personal data in CEIDG:**

Please be advised that:

- a) The administrator of your personal data processed in the Central Register and Information on Economic Activity (hereinafter referred to as "CEIDG") is the Minister of Entrepreneurship and Technology (hereinafter: "Minister").
- b) Contact details of the Data Protection Inspector at the Ministry of Entrepreneurship and Technology, e-mail: [iod@mpit.gov.pl](mailto:iod@mpit.gov.pl).
- c) Your personal data will be processed on the basis of the Act of 6 March 2018 on central registry and information on business activities and the information point for the entrepreneur (Journal of Laws of 2018 item 647, as amended) (hereinafter referred to as the "Act"), only for the purposes explicitly indicated therein.
- d) Your personal data will not be used for purposes other than those for which it was originally collected.
- e) You have the right to access your personal data and rectify it.
- f) If it is suspected that the processing of your personal data violates the provisions of the GDPR, you have the right to lodge a complaint with the President of the Office for Personal Data Protection.
- g) The entrepreneur can publish information about his proxies via the CEIDG ICT system. As regards the above information, the Minister does not decide on the purposes and methods of processing, he only defines the principles of publication in CEIDG.
- h) The transfer of personal data processed by CEIDG by the Minister can take place only if it constitutes the implementation of the Administrator's obligation under applicable law.
- i) Your personal data will not be transferred by the Minister to third countries not belonging to the European Economic Area.
- j) Personal data of entrepreneurs will be deleted after 10 years from the date of the deletion of entrepreneurs from CEIDG, in accordance with art. 49 par. 2 of the Act.
- k) Personal data of natural persons submitting an application for entry into CEIDG with information on not taking up economic activities will be deleted after 10 years from the date of submission of the application, in accordance with art. 49 par. 3 of the Act.
- l) Personal data of proxies will be stored until the date of publication in CEIDG in accordance with art. 39 par. 8 of the Act.

Place and date of submitting the application

Handwritten signature of the entrepreneur / authorized person

Registration in CEIDG and all activities related to the entry are free of charge.

What to do next after the company registration? Check on  
[biznes.gov.pl/porejstracji](http://biznes.gov.pl/porejstracji)