

PART CEIDG-RB NO. INFORMATION ON BANK ACCOUNTS

This application concerns a natural person subject to entry in the Central Register and Information on Economic Activity (CEIDG). Read the instructions before filling in.

01. Applicant identification data:

1. PESEL number*: _____	2. NIP number*: _____	3. REGON number*: _____
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02. Identification data of the applicant's bank accounts:

☐ **02.1.** Bank account related to conducting business activities:

1. Country of the bank's (branch) headquarters:	2. Full name of the bank (branch):
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3. Account holder:

4. Account number (from 5 to 26 characters): _____	5. Liquidation <input type="checkbox"/>
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6. Account to which tax refund will be made ☐

☐ **02.2.** Bank account related to conducting business activities:

1. Country of the bank's (branch) headquarters:	2. Full name of the bank (branch):
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3. Account holder:

4. Account number (from 5 to 26 characters): _____	5. Liquidation <input type="checkbox"/>
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6. Account to which tax refund will be made ☐

☐ **02.3.** Bank account related to conducting business activities:

1. Country of the bank's (branch) headquarters:	2. Full name of the bank (branch):
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3. Account holder:

4. Account number (from 5 to 26 characters): _____	5. Liquidation <input type="checkbox"/>
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6. Account to which tax refund will be made ☐

☐ **02.4.** Bank account related to conducting business activities:

1. Country of the bank's (branch) headquarters:	2. Full name of the bank (branch):
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3. Account holder:

4. Account number (from 5 to 26 characters): _____	5. Liquidation <input type="checkbox"/>
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6. Account to which tax refund will be made ☐

☐ **03. Information on identification numbers obtained in other countries for tax or social security purposes:**

1.1. Country:	1.2. Number:	1.3 Type: Tax <input type="checkbox"/> Insurance <input type="checkbox"/>
2.1. Country:	2.2. Number:	2.3 Type: Tax <input type="checkbox"/> Insurance <input type="checkbox"/>
3.1. Country:	3.2. Number:	3.3 Type: Tax <input type="checkbox"/> Insurance <input type="checkbox"/>
4.1. Country:	4.2. Number:	4.3 Type: Tax <input type="checkbox"/> Insurance <input type="checkbox"/>

04. Continued in the document CEIDG-RB ☐

Place and date of submitting the application

Handwritten signature of the entrepreneur / authorized person

Filling instructions:

1. Part of CEIDG-RB should be completed with a clear pen handwriting, without corrections and deletions.
2. It is possible to indicate accounts held at the Cooperative Savings and Credit Union.
3. You can enter all bank accounts related to running a business.
4. Section 3 should be completed if applicable. The completed application must be signed.

