

to instructions concerning proceedings relating to cross-border provision of services provided by citizens of EU member states, citizens of the Swiss Confederation and member states of the European Free Trade Agreement (EFTA) – i.e. parties to the agreement on the European Economic Area, who hold professional architectural qualifications in member states other than the Republic of Poland

MODEL OF STATEMENT FORM ON INTENTION TO PROVIDE CROSS-BORDER SERVICES IN THE SCOPE OF PROVIDING INDEPENDENT TECHNICAL FUNCTIONS IN CONSTRUCTION IN THE FIELD OF ARCHITECTURE WITHOUT LIMITS

STATEMENT FORM ON INTENTION TO PROVIDE CROSS-BORDER SERVICES IN THE SCOPE OF PROVIDING INDEPENDENT TECHNICAL FUNCTIONS IN CONSTRUCTION IN THE FIELD OF ARCHITECTURE WITHOUT LIMITS

I. PERSONAL INFORMATION

Mr/Ms (cross out the inappropriate)

1. Current surname	
2. Name(s)	
3. Original surname	
4. Surname used on the date shown on documents certifying applicant's qualifications	
5. Date of birth	
6. Country of birth	
7. Place of birth	
8. Citizenship	
9. Countries where applicant obtained his/her qualifications to work in the regulated profession	
10. Correspondence address (any change of address shall be immediately notified in writing to appropriate authorities)	Mailing address:
	e-mail address
	Telephone number Fax number

II. APPLICANT'S DECLARATION

I hereby declare that I intend to provide cross-border services in the scope of providing independent technical functions in construction in the field of architecture without limits in the Republic of Poland.

.....

(legible signature of applicant)

III. SUPPLEMENTARY INFORMATION

1. Type of professional activities to be performed	
2. Alternatively, detailed description of the specialization, position etc.	
3. Place and approximate time of commencement and finishing of intended activities (if possible to determine)	
4. Frequency and continuity of intended services (if possible to determine)	
5. Information on insurance policy held or other means of individual or collective professional indemnity insurance	

I declare that all the information given in this statement and the attached documents are true and correct.

.....

.....

*(place and date)
applicant)*

(name and surname)

(legible signature of

Attachments¹

- 1) document confirming citizenship;
- 2) certificate issued by a competent authority of the member state, certifying that the service provider legally performs registered architectural professional activity in the member state and that, at the time of submitting the statement, he/she is not permanently or even temporarily banned from the profession;
- 3) document certifying professional qualifications of the service-provider;
- 4) service provider's statement of consent to process by the regional council of his/her personal data for the purposes of proceedings relating to cross-border provision of services and granting temporary membership on a list of the regional chamber.

¹ Documents attached to the declaration if cross-border services are to be provided for the first time in the Republic of Poland and in the event of any significant change in the situation confirmed by the documents.