



APPLICATION FOR A DUPLICATE OK POZNAŃ PLASTIC CARD

I kindly ask you to issue a paid duplicate of my OK Poznań plastic card due to its loss / damage.

ID POZNAŃ NUMBER / PESEL*

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*PESEL number is provided only in the absence of a Poznań ID number

NAME

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SURNAME

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I voluntarily agree to provide the Operator of the OK Poznań Programme with my personal data indicated above for the purpose of verifying my taxpayer status in the Poznań ID system, which is necessary to issue the OK Poznań plastic card.

INFORMATION ON THE PROCESSING OF PERSONAL DATA AND STATEMENTS

The controller of your personal data provided through the ID Poznań Programme in order to issue the OK Poznań plastic card, join and participate in the OK Poznań Programme, is the Operator of the OK Poznań Programme – Międzynarodowe Targi Poznańskie sp. z o.o., registered at the following address: ul. Głogowska 14, 60-734 Poznań, contact: 61 250 90 90

Providing the above-mentioned personal data and agreeing to the verification of your status in ID Poznań or to contact you in order to inform you about offers, promotions, actions under the OK Poznań Programme is voluntary, but failure to provide the data will prevent the production of the OK Poznań plastic card or marketing contact on the part of the Operator. You have the right to request access to your personal data, its rectification, deletion or restriction of processing or to object to its processing, the right to transfer data, the right to withdraw consent to the processing of personal data free of charge and the right to lodge a complaint with the President of the Office for Personal Data Protection. More information about the processing of your personal data can be found in the Terms and Conditions of OK Poznań provided to you.

DATE (dd-mm-yyyy)

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SIGNATURE OF THE PERSON REQUESTING A DUPLICATE CARD

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CONFIRMATION OF RECEIPT OF A DUPLICATE OK POZNAŃ PLASTIC CARD

I confirm receipt of a duplicate of my OK Poznań card

DATE (dd-mm-yyyy)

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SIGNATURE OF THE PERSON RECEIVING THE DUPLICATE CARD

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Application accepted and executed in POK

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PLACE FOR THE POK STAMP WITH PHONE AND ADDRESS

Name and surname of the POK employee

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PLACE FOR LEGIBLE SIGNATURE OF POK EMPLOYEE