

Wytwórnia Filmów Dokumentalnych i Fabularnych

ul. Chełmska 21, 00-724 Warszawa

tel/fax: (22) 841 11 71

Warsaw, on

.....
company stamp

.....
or name and address

NIP (Tax Identification Number) :

Fax:

Tel:

e-mail:

I request for

.....
.....
.....

Amount due for the service
payable:

gotówką

We declare that we know the content of service provision conditions applicable in this Department.

We authorise the following to complete the service :

.....
first name and surname

.....
ID card no

.

.....
"K YWŁbgYbhlc \ Uj Y'Ub`]bj c]W`]ggi YX'k]h ci hci f'g][bUi fY"

.....

signature with a name stamp of the
person authorised to incur financial
liabilities on behalf of the company