

**Specimen – Do not fill in!****Fill in the Polish form / in Polish****CEIDG-1 APPLICATION FOR ENTRY INTO THE CENTRAL REGISTER AND INFORMATION ON ECONOMIC ACTIVITY**

This application is also an application to ZUS [Social Insurance Institution] / KRUS [Agricultural Social Insurance Fund], GUS [Central Statistical Office] and the head of the tax office.				
The application concerns a natural person subject to registration in the Central Register and Information on Economic Activity (CEIDG)				
The application also concerns updating the details not covered by a CEIDG entry.		Bar code goes here		
Please read the instructions before you fill in the application. The date when you sign your application is the application submission date. The CEIDG register is run by the minister responsible for the economy.				
<b>01. Type of application:</b>		<b>02. Place and date of submission: (to be filled in by the office)</b>		
<input checked="" type="checkbox"/> 1 – application for an entrepreneur's entry to CEIDG. Required fields are marked with (*) <input type="checkbox"/> 2 – application to change a CEIDG entry and/or other details. Date when the change occurred (YYYY-MM-DD): ____ - ____ - ____ <input type="checkbox"/> 3 – application to suspend economic activity. <input type="checkbox"/> 3 – application to resume economic activity. <input type="checkbox"/> 5 – application to remove the entrepreneur from CEIDG.		02.1. Name of the office where the application is submitted:  02.2. Application submission date: ____ - ____ - ____ (YYYY-MM-DD)		
<input type="checkbox"/> 03. Applicant details:		02.3. Application submitted by: Entrepreneur <input type="checkbox"/> Authorised person <input type="checkbox"/>		
<input type="checkbox"/> 1. Sex:* Female <input type="checkbox"/> Male <input checked="" type="checkbox"/>		2a. Type of identity document:* Identity card <input type="checkbox"/> Passport <input checked="" type="checkbox"/> Other <input type="checkbox"/> , please specify:..... 2b. Series and number of identity document:* <b>AB000000</b>		
3. PESEL [Universal Electronic System for Population Registration] No.:* ____ - ____ - ____ - ____ - ____ - ____ I do not have a PESEL No. <input checked="" type="checkbox"/>		4. NIP [Taxpayer's Identification Number] No.:* ____ - ____ - ____ - ____ I do not have a NIP No. <input checked="" type="checkbox"/>		
		5. REGON [Statistical ID] No.:* ____ - ____ - ____ I do not have a REGON No. <input checked="" type="checkbox"/>		
6. Last name:* <b>KOWALSKI</b>		7. First name:* <b>JAN</b>		
8. Last name at birth:		9. Middle name: (if any)		
10. Father's name:* <b>ANDRZEJ</b>		11. Mother's name:* <b>ANNA</b>		
12. Place of birth:* <b>PLEASE PROVIDE</b>		13. Date of birth:* <b>YYYY - MM - DD</b>		
14. Citizenships:* <input type="checkbox"/> Polish <input type="checkbox"/> I don't have a citizenship Other: <b>PLEASE PROVIDE</b>				
15. I state that with regard to the person whom the entry concerns there has been no final ruling prohibiting running a business, as referred to in the Law of 6 March 2018 on the Central Register and Information on Economic Activity, Article 5.2.13-15, regarding the economic activity covered by the entry, and that the person whom the entry concerns holds a legal title to the property at the addresses which are entered into CEIDG. I am aware of the criminal liability for submitting a false representation. <input checked="" type="checkbox"/> - yes, I am making the statement In accordance with the Law of 6 June 1997 Criminal Code, Article 233.6, a person who makes a false statement and has been warned about criminal liability for making a false representation is subject to imprisonment from 6 months up to 8 years. In accordance with the Law on the Central Register and Information on Economic Activity and the Entrepreneur Information Point, if the clause "I am aware of criminal liability for making a false representation" is included in the representation, it replaces the instruction by an entity authorised to receive the representation about criminal liability for making a false representation.				
03.1. I am a foreign national, as referred to in the Law on the Rules of Participation of Foreign Entrepreneurs and other Foreign Persons in Trade in the Republic of Poland, Article 4.2 or 4.4 or 4.5. <input type="checkbox"/>				
03.2. Details of the document which confirms your status of a foreign national:				
1. Date of issue:		2. Document reference number:	3. Issuing authority:	
<input type="checkbox"/> 04. Applicant's domicile:*				
1. Country:* <b>POLAND</b>	2. Voivodeship: <b>POMORSKIE</b>	3. Poviast (County): <b>GDAŃSK</b>	4. Commune/District: <b>GDAŃSK</b>	
5. Locality: <b>GDAŃSK</b>		6. Street: <b>KWIATOWA</b>	7. Property/building number: <b>2</b>	8. Door number: <b>1</b>
9. Postal code: <b>80-123</b>		10. Post office: <b>GDAŃSK</b>		
11. Description of an unusual place (if applicable):				
<input type="checkbox"/> 05. Electronic address (NOT E-MAIL):				

Address in an ICT system. An electronic address at [podatki.gov.pl](http://podatki.gov.pl) or in the ePUAP system can be used for service of documents by means of electronic communication if the use of such a service method has been applied for or agreed to (Polish Tax Code of 29 August 1997 (Journal of Laws 2017, item 201, as amended), Article 144a.1.2 or Article 144a.1.3 in relation to Article 3e.1). An electronic address in the ePUAP system can also be used for the service of documents in equivalent cases specified in the Polish Code of Administrative Procedure of 14 June 1960 (Journal of Laws 2017, item 1257), Article 39<sup>1</sup>.1.2 or Article 39<sup>1</sup>.1.3 in relation to Article 39<sup>1</sup>.1a. Below, you can decide to discontinue using an electronic address.

1. Electronic address:

2. I no longer want to use an electronic address  06. **Company of the applicant concerned\*** (the company name must include the applicant's first and last name):**JAN KOWALSKI**

06.1. Expected number of staff \* 1: ..... (entrepreneur + planned number of employees)

06.2. Types of economic activity, PKD 2007 (5-character) code

You will find the codes and associated procedures on [www.pkd.gov.pl](http://www.pkd.gov.pl)

Prevailing type of economic activity\*:

 1. **1234Z**2. \_\_\_\_\_ Delete 3. \_\_\_\_\_ Delete 4. \_\_\_\_\_ Delete 5. \_\_\_\_\_ Delete 6. \_\_\_\_\_ Delete 7. \_\_\_\_\_ Delete 8. \_\_\_\_\_ Delete 9. \_\_\_\_\_ Delete Continued in appendix CEIDG-RD  07. Abbreviated company name\*: (if none, please provide your first and last name)**JAN KOWALSKI** 08. Business start date\*:**RRRR - MM - DD** 09. Contact details:I refuse to share my CEIDG contact details 

1. Telephone number:

2. E-mail address:

3. Fax number:

4. Website:

10. Addresses associated with your economic activity\*:

 10.1. Address for service\*:

1. Addressee:

2. Country: **POLAND**3. Voivodeship: **POMORSKIE**4. Poviát (County):  
**GDAŃSK**5. Commune/District: **GDAŃSK**6. Locality: **GDAŃSK**7. Street: **MIEJSKA**8. Property/building number: **3**9. Door number: **4**10. Postal code: **80-123**11. Post office: **GDAŃSK**

12. Post office box:

 10.2. Address of the principal place where your economic activity is carried out\*:

No address of the principal place where economic activity is carried out\*:

If there is no address of the principal place where economic activity is carried out, your domicile will be used for tax purposes.

1. Voivodeship: **POMORSKIE**2. Poviát (County): **GDAŃSK**3. Commune/District: **GDAŃSK**4. Locality: **GDAŃSK**5. Street: **MORSKA**6. Property/building number: **4**

7. Door number:

8. Postal code: **80-321**9. Post office: **GDAŃSK**

10. Opis nietypowego miejsca:

11. Additional place where your economic activity is carried out\*:

11.1. REGON Statistical ID Number: \_\_\_\_\_

Delete 

11.2. Name of the local entity:

 11.3. Address of the additional place where your economic activity is carried out\*:

1. Country:

2. Voivodeship:

3. Poviát (County):

4. Commune/District:

5. Locality:

6. Street:

7. Property/building number:

8. Door number:

9. Postal code:

10. Post office:

11. Description of an unusual place:			
12. The address is where the economic activity is carried out by: <input type="checkbox"/> the entrepreneur <input type="checkbox"/> civil law partnership in which the entrepreneur participates			
<input type="checkbox"/> 11.4. Expected number of employees:.....			
<input type="checkbox"/> 11.5. Date when the entity started its business: ____ - ____ - ____ (YYYY-MM-DD)		<input type="checkbox"/> 11.6. Healthcare centre of a healthcare entity.	
11.7. Types of economic activity carried out in this location, PKD 2007 (5-character) code			Prevailing type of economic activity*: <input type="checkbox"/> 1. _____
2. _____ Delete <input type="checkbox"/>	3. _____ Delete <input type="checkbox"/>	4. _____ Delete <input type="checkbox"/>	
5. _____ Delete <input type="checkbox"/>	6. _____ Delete <input type="checkbox"/>	Continued in appendix CEIDG-RD <input type="checkbox"/>	
For the other locations where the economic activity is carried out, fill in the attachment CEIDG-MW <input type="checkbox"/>			
<input type="checkbox"/> 12. I am subject to mandatory insurance at*: (please check only one box)			
The Social Insurance Authority (ZUS) <input checked="" type="checkbox"/> <small>(fill in field 12.1 and optionally 12.2)</small>	Farmers' Social Insurance Authority (KRUS) <input type="checkbox"/> <small>(fill in field 13)</small>	I am insured outside Poland <input type="checkbox"/>	
12.1. Date on which the obligation of insurance premium payment for ZUS arises (YYYY-MM-DD): <b>RRRR-MM-DD</b>			
12.2. I attach a ZUS application: ZZA <input type="checkbox"/> , ZWUA <input type="checkbox"/> , ZUA <input type="checkbox"/> , ZIUA <input type="checkbox"/> , ZCNA <input type="checkbox"/> ..... pcs			
<input type="checkbox"/> 13. Details for KRUS purposes:			
13.1. I hereby declare that:			
1) my insurance matters are handled by a local KRUS division: .....			
2) I want to continue my agricultural social insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO			
3) during the previous tax year:			
a) I carried out non-agricultural economic activity: <input type="checkbox"/> YES <input type="checkbox"/> NO			
b) I cooperated in carrying out non-agricultural economic activity: <input type="checkbox"/> YES <input type="checkbox"/> NO			
4) a certificate from the competent head of a tax office that I did not exceed the amount of income tax payable on income from non-agricultural economic activity for the previous tax year:			
a) was submitted by me at a competent local KRUS division: <input type="checkbox"/> YES <input type="checkbox"/> NO			
b) is being submitted by me with this application: <input type="checkbox"/> YES <input type="checkbox"/> NO			
c) will be submitted by me at a competent local KRUS division within 14 days of the date when my non-agricultural economic activity began, as construed by the Law on Farmers' Social Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO			
5) the tax authority competent to handle the income tax on non-agricultural activity for the previous tax year is: .....			
13.2. I hereby state that I exceeded the amount of the non-agricultural activity income tax due for the previous tax year: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> 14. Information about suspension of economic activity:			
1. Suspension start date (YYYY-MM-DD): ____ - ____ - ____ At the same time, I wish to provide the date when my economic activity will resume <input type="checkbox"/> (please provide the date in section 15)		2. I no longer want to have my economic activity suspended <input type="checkbox"/>	
<input type="checkbox"/> 15. Information about resuming of economic activity:			
1. Resumption start date (YYYY-MM-DD): ____ - ____ - ____		2. I no longer want to have my economic activity resumed <input type="checkbox"/>	
<input type="checkbox"/> 16. Information about discontinuation of economic activity:			
1) Date when I permanently discontinue my economic activity (YYYY-MM-DD): ____ - ____ - ____			
2) I no longer want to discontinue my economic activity <input type="checkbox"/>			
3) Transformation into a one-person limited liability company <input type="checkbox"/>			
4) Economic activity was not taken up <input type="checkbox"/>			
<input type="checkbox"/> 17. Information on the heads of tax offices:			
17.1. Present head of tax office competent for registration of taxpayers: <b>I URZĄD SKARBOWY W GDAŃSKU</b> .....		17.2. Present head of tax office competent for personal income tax (if different than in section 17.1.) .....	
<input type="checkbox"/> 18. I hereby state that I will pay my personal income tax in the following form: (Your choice of taxation type determines what level of tax you will pay and what kind of accounting documentation you will keep. You can change your taxation type by 20 January of each tax year. More at: <a href="http://biznes.gov.pl/podatki">biznes.gov.pl/podatki</a> )			
1. general principles of taxation <input checked="" type="checkbox"/>	2. flat tax <input type="checkbox"/>	3. lump-sum tax on registered revenue <input type="checkbox"/>	4. tax card <input type="checkbox"/> I have attached a PIT-16 <input type="checkbox"/>
<input type="checkbox"/> 19. Type of advance payment:		<input checked="" type="checkbox"/> monthly	<input type="checkbox"/> quarterly
		<input type="checkbox"/> simplified	
<input type="checkbox"/> 20. Type of accounting documentation:			
1. accounting books <input type="checkbox"/>	2. revenue and expense ledger <input checked="" type="checkbox"/>	3. other registers <input type="checkbox"/>	4. accounting documentation is not kept <input type="checkbox"/>
<input type="checkbox"/> 21. Entity which keeps the Applicant's accounting documentation:			

1. Company:		2. NIP [Taxpayer's Identification Number] No.: _____		Contract terminated <input type="checkbox"/>	
<input type="checkbox"/> 22. Address of the place where the Applicant's accounting documentation is kept:					
1. Country:		2. Voivodeship:		3. Poviát (County):	
4. Commune/District:		5. Locality:		6. Street:	
7. Property/building number:		8. Door number:		9. Postal code:	
10. Post office:					
<input type="checkbox"/> 23. I run a supported employment enterprise <input type="checkbox"/>					
<input type="checkbox"/> 24. My economic activity is only carried out as a civil-law partnership / civil law partnerships: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> 25. I am a partner in the following civil law partnership(s):					
1. Company NIP [Taxpayer's Identification Number] No.:		2. Company REGON (Statistical) No.:		Delete the information about the civil law partnership from the CEIDG record <input type="checkbox"/>	
3. I suspended my activity in the partnership on: _____ (YYYY-MM-DD)		4. I resumed my activity in the partnership on: _____ (YYYY-MM-DD)			
Continued in appendix CEIDG-S.C. <input type="checkbox"/>					
<input type="checkbox"/> 26. Information on marital joint property:					
1. I am bound by joint property with my spouse: <input type="checkbox"/> YES <input type="checkbox"/> NO / NA			2. Marital joint property ceased on _____ (YYYY-MM-DD)		
27. Applicant's bank accounts:					
<input type="checkbox"/> 27.1. Bank account associated with your economic activity:					
1. Country of the bank's registered office (branch office):			2. Full name of the bank (branch office):		
3. Owner of the account:					
4. Account number (from 5 to 26 characters): _____				5. Delete account <input type="checkbox"/>	
6. Account to which tax repayment will be made <input type="checkbox"/>				Continued in appendix CEIDG-RB <input type="checkbox"/>	
<input type="checkbox"/> 27.2. Personal bank account (not associated with your economic activity):					
1. Country of the bank's registered office (branch office):			2. Full name of the bank (branch office):		
3. Owner of the account:					
4. Account number (from 5 to 26 characters): _____				5. I no longer want to use this account <input type="checkbox"/>	
<input type="checkbox"/> 28. Information on identification numbers obtained in other countries for tax or social insurance purposes:					
1. Country:		2. Number:		3. Type: Tax <input type="checkbox"/> Insurance <input type="checkbox"/>	
Continued in appendix CEIDG-RB <input type="checkbox"/>					
<input type="checkbox"/> 29. I have given power of attorney delegated my authority to handle my matters:					
<input type="checkbox"/> 29.1. Details of the authorised representative:			Remove the power of attorney entry from CEIDG <input type="checkbox"/>		
The authorised representative is a legal person <input type="checkbox"/>		1. Name of the authorised representative's company:			
2. First name:			3. Last name:		
4. PESEL No./KRS [National Court Register] No.: _____			5. Date of birth (YYYY-MM-DD): _____ - _____ - _____		
6. NIP [Taxpayer's Identification Number] No.: _____			7. Citizenships:.....		
<input type="checkbox"/> 29.2. Authorised representative's address for service:					
1. Country:		2. Voivodeship:		3. Poviát (County):	
4. Commune/District:		5. Locality:		6. Street:	
7. Property/building number:		8. Door number:		9. Postal code:	
10. Post office:		11. Post office box:		12. E-mail address:	
13. Website:		14. Telephone number:			
Continued in appendix CEIDG-PN <input type="checkbox"/>					

29.3. Under the CEIDG register, the power of attorney covers the following:

- amending the CEIDG entry
- entering information into CEIDG on the suspension of economic activity
- entering information into CEIDG on the resumption of economic activity
- applying to have the CEIDG entry removed
- handling matters through a contact point

30. I have attached the following documents: (please state the quantity of the forms)

<input type="checkbox"/> CEIDG-RD ..... pcs	<input type="checkbox"/> CEIDG-MW ..... pcs	<input type="checkbox"/> CEIDG-RB ..... pcs
<input type="checkbox"/> CEIDG-SC ..... pcs	<input type="checkbox"/> CEIDG-PN ..... pcs	<input type="checkbox"/> Other ..... pcs

**GDAŃSK YYYY - MM - DD**  
Miejscowość i data złożenia wniosku

**JAN KOWALSKI**  
Handwritten signature of the entrepreneur / authorised representative

CEIDG registration and all actions related to the entry process are free of charge.  
What comes after company registration? Look it up at [biznes.gov.pl/porejestracji](http://biznes.gov.pl/porejestracji)