

.....
Location, date

.....
Seal of the association

RECOMMENDATION
for the application to grant the veterans' allowance
by the Head of the Office for War Veterans and Victims of Oppression

As a result of verification of the application to grant the veterans' allowance by the Head of the Office for War Veterans and Victims of Oppression and of the evidence, in accordance with *Art 22, paragraph 1 of the Act on Combatants and Listed Victims of Oppression of War and Postwar Period (Dz. U. z 2012 r. poz 400, z poz. zm.)* states as follows:

1. Applicant:

a)
.....
(name, family name, date and place of birth – fill in with capital letters)

b)
(address)

2. The following actions and oppression are considered documented and reliable:

a)
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b)
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c)
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3. Grounds for recommendation:

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4. Remarks (based on evidence and environmental reviews):

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5. Attachments (specify number, titles):

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*Signature and personal stamp of the President's or
other authorized member of the board of association (union)*