Attachment No. 14

Wrocław, ……………………..

………………………………………….

*(stamp of an organizational unit of the Wrocław University of Environmental and Life Sciences)*

………………………………………….

*(full name of a financially liable person)*

OBLIGATION TO FINANCIAL LIABILITY

I declare that I accept liability for assets of the Wrocław University of Environmental and Life Sciences entrusted to my care, i.e. **financial means** in the amount of PLN .…………………….. (.…………………….. złotys).

I undertake to comply with the applicable labour regulations and to fully settle assets of the Wrocław University of Environmental and Life Sciences entrusted to my care.

………………………………………….

(*signature of a financially liable person)*