

AUTHORISATION FOR THE PROVISION ABOVE THE TRANSACTION TAX

I, the undersigned, Beneficiary's name:	
Mother's name:	
Place and date of birth:	, day month year
Transaction tax:	I hereby irrevocably authorise the following
person to execute a one-off withdrawal/transfer of	ofHUF refund:
Authorised agent's name:	
Name at birth:	
Mother's name:	
Letter code and number of document type:	
Place and date of birth:	e day month year
Address: city street	house number floor apartment
Nationality:	
Validity from: day month year until: day month year* or on:day month year*	
Place: date: day	year
Authorised agent's signature	Beneficiary's signature
WITNESS 1	WITNESS 2
Name:	Name:
Address:	Address:
Signature:	Signature:

* Please choose from the options provided. Only one option can be specified within the same order.