

AUTHORIZATION

Undersigned

Name: _____

Time and Place of Birth:

Mother's name:,

Identity card number:

.....

NEPTUN code:

a Student of Eötvös Loránd University

as a mandator

hereby authorize

Name: Eötvös Loránd University

Institutional identity number: FI 80798

Seat: 1-3, Egyetem tér, 1053 Budapest-HU

Department: Quaestura Office of Student Services

as a proxy, that

the National Health Insurance Fund of Hungary (Hungarian acronym: NEAK) acts on my behalf and in my name in full capacity on the process of the application of the official card-format certificate that prove my security number. I agree that the head of the appointed department, the representative of the Quaestura Office of Student Services proceeds in my name on behalf of the University.

I also provide the proxy the copies of the needed documents in order to forward them towards the issuing authority, ensuring identification.

I am aware that according to the law 6:15.§ (1)-(3) on the Civil Code 2013, V (CC.):

„(1) A power of attorney is a unilateral act granting the right of representation. The power of attorney shall be addressed to the agent, the competent authority of court, or any person to whom the agent is authorized to make a legal statement.

Before us as witness:

Witness 1.:

Name:

Signature:

Address:

Identity card number:

(2) A power of attorney shall be subject to formal requirements as prescribed by law for making legal statements on the basis of a power of attorney.

(3) The power of attorney shall remain valid until further notice.”

Foregoing, this authorization was addressed expressly to the National Health Insurance Fund of Hungary – Seat at 73/A Váci út, Budapest 1139 - and I declare that the authorization is valid until withdrawal.

According to the Law 6:17. § of The Civil Code, the right of representation founded by the present authorization extends to all performing acts and taking disclaimers that are needed in the interest to achieve the goal – the issuance and receipt of the official card format certificate that proves the security number - together with the representative.

Date:, year
..... month day

I accept the Authorization:

proxy

PH

mandator

Witness 2.:

Name:

Signature:

Address:

Identity card number: