

AUTHORIZATION

I, the undersigned _____(full name)

Place of birth: _____, _____ day _____ month _____ year,

ID/ passport No. _____

hereby authorize

_____ (full name)

Place of birth: _____, _____ day _____ month _____ year,

ID/ passport No. _____

to collect any of my (along with my childrens' documents under the age of 18) documents on my behalf at the Embassy of Hungary in Tel Aviv.

Full name of child:

1. _____

2. _____

3. _____

Date

Signature of authorizer

Please note that only original authorization is accepted (no photocopy)!

To be enclosed:

valid original ID/ passport copy of authorized representative

valid ID/ passport copy of authorizer