

AUTHORIZATION

I, 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 act on my behalf at the Embassy of Hungary

concerning _____

The above authorization is valid until _____

Date

Signature of authorizer

To be enclosed:

ID/ passport copy of authorized representative

ID/ passport copy of authorizer