

AUTHORIZATION
(Meghatalmazás)

I, undersigned /name/..... (birth place:
....., birth date:....., mother's maiden name:
.....,
address in Hungary:) authorize
/authorized person's name/
(birth place:, birth date:.....,
mother's maiden name:,
address in Hungary:), to act for me during
my residence permit receiving procedure in the official room of the Central
Registrar's Office of the University of Pécs.

Issued:,

Authorizing person

Authorized person

Witnesses: 1.

2.

Name: _____

Signature: _____

Address: _____
