

**CO-CARD APPLICATION FORM**

## FOR K&amp;H SZÉCHENYI RECREATION CARDS

(Please fill out in block capitals.)

Employer's name*	
Employer's tax number*	

\* To be filled in if the Main Card Holder is employed. Provide the data of the Main Card Holder's employer.

The applicant is the Main Card Holder's ☐ close relative

☐ domestic partner

**Co-card Holder's data** (co-card holders must be over 14 years old):

Family name	
Given name(s)	
Family and given name(s) at birth	
Name on card (up to 20 characters including spaces)	— — — — — — — — — — — — — — — —
Tax identification no.	
Type of identification document ( <i>please underline</i> )	0: other 1: personal ID card 2: passport
Number of identification document	
Mother's maiden name	
Place of birth	
Date of birth	(year) (month) (day)
Address	ZIP (postal) code: town/city: street: number: floor, door:
Mailing address ( <i>where the card will be sent</i> )**	ZIP (postal) code: town/city: street: number: floor, door:
Mobile phone number***:	
E-mail ***:	

\*\* **IMPORTANT:** the co-card will be delivered to the address specified in this box so please make sure that data are given here accurately.

\*\*\* It is recommended to provide a mobile phone number and an e-mail address, as it helps subsequent administration.

**Main Card Holder's data:**

Family and given name(s)	
Tax identification no.	
Main Card number (if already received)	

I, the undersigned Employee authorised to use a K&H SZÉP Card (Main Card Holder) and the person authorised to use a Co-Card (Co-card Holder) make the following declaration:

- I have read and accepted the K&H SZÉP Card usage regulations ("Information on the K&H SZÉP Card Service") in general, and the included data handling (section 4.15), co-card and replacement card application and the card renewal (section 4.7.) provisions in particular.
- I consent to the Employer forwarding my personal data on paper to K&H Csoportszolgáltató Központ Korlátolt Felelősségű Társaság by handing over this application form (when requesting a replacement card, a replacement card application form; in case of data changes, the relevant reporting form).
- I consent to K&H Csoportszolgáltató Központ Korlátolt Felelősségű Társaság (seat: 1095 Budapest, Lechner Ödön fasor 9, corporate registration number: 01-09-671000) handling my personal data for the purpose and duration of operating the K&H SZÉP Card system.
- I consent to K&H Csoportszolgáltató Központ Korlátolt Felelősségű Társaság transferring my personal data to K&H Bank Zrt. (seat: 1095 Budapest, Lechner Ödön fasor 9, corporate registration number: 01-10-041043) for the sole purpose of operating the K&H SZÉP Card system, and only for the time required for that. K&H Bank shall handle the data for the sole purpose of issuing and using K&H SZÉP Cards.

I am aware that I may request information about data handling and may request the modification, correction or deletion of my data.

Dated: \_\_\_\_\_ (place), \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

\_\_\_\_\_  
Main Card Holder's name  
in block capitals

\_\_\_\_\_  
Co-card Holder's name  
in block capitals

\_\_\_\_\_  
Main Card Holder's  
signature

\_\_\_\_\_  
Co-card Holder's  
signature