

**K&H Bank Zrt.**

1095 Budapest, Lechner Ödön fasor 9.
 phone: (06 1/20/30/70) 335 3355
 fax: (06 1) 328 9696
 Budapest 1851
 www.kh.hu • bank@kh.hu

Authorisation

I, the undersigned

Name:	
Place / date of birth:	
Mother's maiden name:	
Personal ID document number:	
Permanent address:	

the **Authoriser**, hereby authorise

Name:	
Place / date of birth:	
Mother's maiden name:	
Personal ID document number:	
Permanent address:	

the **Agent**

to file a complaint on their own, instead of me and on my behalf, with **K&H Bank Zrt.** (registered office: 1095 Budapest, Lechner Ödön fasor 9., company registration number: 01-10-041043, tax number: 10195664-4-44) concerning the following issue and to fully represent me in the course of the complaint handling procedure. This Authorisation extends to making any and all legal statements (including, but not limited to, filing a complaint, making any other statements, filing and collecting documents and signing such documents), and the disclosure to the Agent of any and all information classified as bank secret / securities secret, for which the Authoriser hereby expressly authorises K&H Bank Zrt.

Description of complaint:

<p>Identify the banking transaction in question (e.g. contract number, bank's ID/reference number):</p> <hr/> <p>Accurately describe the subject of the complaint, which also determines the scope of disclosable bank secrets / securities secrets:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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This Authorisation shall remain valid until it is revoked, and its revocation shall only come into effect upon the disclosure thereof to the third person acting in good faith concerned as per Article 6.15 § (4) Act V of 2013 of the Civil Code.

Date: _____, _____ (day) _____ (month) _____ (year)

Authoriser

Agent

IN WITNESS HEREOF:

Signature:
Name:
Residential address:

Signature:
Name:
Residential address:

