

DECLARATION OF CHANGE(S) IN PERSONAL DATA

Please fill in the data that has changed, and leave the rest empty.

Data:

First name and family name (compulsory, please always fill in): _____

Place and date of birth (compulsory, please always fill in): _____

Mother's name: _____

Address: _____

Phone number of legal guardian: _____

E-mail address (please use capital letters): _____

Name and phone number of the person authorised: _____

Name of health insurance fund and Fund Member ID: _____

I hereby declare that all, previously provided data are unchanged except for the abovementioned changes in data regarding myself or a person under my legal guardianship.

Done at: Budapest,

Name of declarant/authorised representative in capital letters:

Signature of declarant/authorised representative:
