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| Logo univpazmany.svg | Pázmány Péter Catholic UniversityH-1088 Budapest, Szentkirályi u. 28. Institutional Reg. No.: FI79633 |

POWER OF ATTORNEY

I, the undersigned …………………..…………………………………………………………..………

mother’s maiden name: ………………………………………………………………………………..

place of birth: ……………………………………………………………………………………………

date of birth: ……………………………………………………………………………………………..

No. of identity card: ……………………………………………………………………………………..

type of identity card: …………………………………………………………………………………….

address: …………………………………………………………………………………………………

***(mandator)***,

on account of my permanent residence abroad **hereby grant full power and authority to**

Name: …..………………………..……………………………………………………………………...

mother’s maiden name: ………………………………………………………………………………..

place of birth: ……………………………………………………………………………………………

date of birth: ……………………………………………………………………………………………..

No. of identity card: ……………………………………………………………………………………..

type of identity card: …………………………………………………………………………………….

address: …………………………………………………………………………………………………

 ***(trustee)***,

to represent me in the matter below at Pázmány Péter Catholic University.

**Objective of authorization:** …..…..…………………………………………………………..……...

………….………………………………………………………………………………………………...

I hereby give my explicit consent to Trustee to learn my personal data related to the above objective indispensably and to a justifiable extent.

 **…………………………………….………**

 **Mandator**

**Witnesses:**

Name: …………..…….……………………...… Name: .……………………….………………...…

Address: ………………………....…………… Address: ..….……….…………………………....

Signature: ...……………………………. Signature: …………….……………………

**Place and date:** ……………….………….., (yyyy/mm/dd) ………..…………