



### Account owner's data-transfer consent for the processing of the secondary account ID

I the undersign

Account holder name:	
Family and given name at birth:	
Mother's family and given name at birth:	
Place of birth:	
Date of birth:	
Customer ID:	
Small-scale producer registration number/ small-scale agricultural producer ID number/independent lawyer ID number*:	

*\*Egyéni vállalkozó, egyéni ügyvéd és őstermelők esetén kitöltendő!*

I agree that:

- my name, the IBAN of my payment account included in the submission and the assigned secondary account ID be transferred to the organisation operating the central database, which shall process this data until such time as my declaration of consent is withdrawn or the regular annual data check conducted by the payment service provider is unsuccessful,
- the data specified in point a) be forwarded by the organisation operating the central database, in the course of its payment-service provision and of the processing, settlement and execution of payment transactions, as well as of requests aimed at the initiating of such, for the purpose of the execution of the payment order, as well as of the forwarding of the payment request, to the financial institutions, or payment service providers not classed as financial institutions, that are participating in the processing, settlement and execution of the payment transactions.

Registering person name**:	
Registering person customer ID: yfélazonosítója:	

*\*\* Person who requires the secondary account ID registration at CIB Bank Ltd.*

Secondary account ID type <sup>1</sup> :	
Secondary account ID:	
Account owner's IBAN number:	

<sup>1</sup>Secondary account ID types: email address, taxation ID, tax number, mobile number



Secondary account ID type <sup>1</sup> :	
Secondary account ID:	
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I am aware that if the above-specified secondary account ID of mine has already been registered previously in relation to another bank account, this shall be deleted simultaneously with the present declaration of mine.

Made:

.....  
Signature

Before us as witnesses:

Name:	.....	Name:	.....
Address:	.....	Address:	.....
Personal ID card number:	.....	Personal ID card number:	.....

Received by:

Made:

.....  
Administrator's signature