

**AD HOC AUTHORISATION
FOR THE MAKING OF A DECLARATION**

on the designation of a payment account for free cash withdrawals and cash-back services

PLEASE WRITE LEGIBLY IN PRINTED CAPITAL LETTERS!

Data of the Account Holder Customer as the Authoriser:

Account holder's name:	
Name at birth:	
Mother's family and given name at birth:	
Place and date of birth:	
Customer identification number:	
Payment account number: (in respect of which I wish to take advantage of free cash withdrawals and cash-back services)	

- hereinafter together as the Authoriser-

Proxy's data:

Proxy's name:	
Name at birth:	
Place and date of birth:	
Citizenship:	
Permanent address:	
Residence in Hungary (foreign persons):	
Type and number of identification document:	

I, the Authoriser, authorise the Proxy to issue, on my behalf, at CIB Bank Ltd. (registered seat: 1024 Budapest, Petrezselyem utca 2–8.; registered by: Company Court of the Metropolitan Court of Budapest; co. reg. no.: 01-10-041004) (hereinafter: CIB Bank Ltd.), at a branch thereof the declaration titled "DECLARATION on the designation of a payment account for free cash withdrawals and cash-back services, in which I declare that I would like to take advantage of free cash withdrawals and cash-back services with respect to my payment account, specified above, managed by CIB Bank Ltd.

This authorisation authorises the Proxy to issue a declaration.

Date:

SIGNATURE of the Authoriser Account Holder Customer	Proxy's SIGNATURE

In witness thereof:

1. Witness:

Name: _____

Address: _____

Identity card no.: _____

Signature: _____

2. Witness:

Name: _____

Address: _____

Identity card no.: _____

Signature: _____