

Please fill in with block capitals.

Data of authorizing Client

Name			
Mother's name¹			
Place of birth¹		Date of birth¹	
Address / registered domicile			
Tax number²		Company reg. number²	
CSO (Hungarian Central Statistical Office) number²		Registration number³	

Data of the authorized person

Name			
Mother's name			
Place of birth		Date of birth	
Address			

In this document, the authorizing Client authorizes the authorized person to represent him at Budapest Waterworks, and to act in his name and on behalf of him in

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cases(s).

This authorization is valid as of today until _____ day _____ month _____ year.

This authorization is valid until revoked.

Date: _____ day _____ month _____ year

Signature of authorizing Client

Signature of authorized person

Before us, as witnesses:

	Witness 1		Witness 2
Name		Name	
Address		Address	
Signature		Signature	

¹ To be filled in case of an individual, if the place of birth is Budapest, please give the district as well. ² To be filled in only in case of non-residential consumer.

³ To be filled in only in case of social organisations, foundations.