**AUTHORISATION**

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

Place and date of birth: …………….…………………. ……………………………………...

Nationality: …………….…………………. ……………………………………………….....

ID card number/ passport number:………………...………………………………………….. Address:……………………………………………………………………..…………………

**hereby authorise**

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

Place and date of birth: …………….…………………. ……………………………………...

Nationality: …………….…………………. ……………………………………………….....

ID card number/ passport number:………………...………………………………………….. Address:……………………………………………………………………..…………………

to represent me and act on my behalf in matters related to the language course of the Balassi Language Program organized by KKM Magyar Diplomáciai Akadémia Kft., including application, payment of the course fee.

This authorisation is valid until withdrawal.

Date: ………………………………………..

………………………………………

grantor

I accept the authorisation:

………………………………………

authorised representative

In the presence of witnesses:

Name: ……………………………………… Name: ………………………………………

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

……………………………………………… ………………………………………………

ID card number/ passport number: ID card number/ passport number: ……………………………………………… ………………………………………………

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