

**AD HOC AUTHORISATION
FOR THE MAKING OF A CANCELLATION INSTRUCTION**

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:	

- 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 Zrt.), at a branch thereof, an instruction for the cancellation of my declaration on the designation of a payment account for free cash withdrawals and cash-back services.

This authorisation entitles the Proxy to issue a cancellation instruction.

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: _____