

POWER OF ATTORNEY FOR NATURAL PERSONS

The undersigned

Name:

Place and date of birth:

Address:

Mother's name:

Personal identity card No.:

as Principal hereby authorises

Name:

Place and date of birth:

Address:

Mother's name:

Personal identity card No.:

as **Authorised Representative** to act and to make all the necessary declarations on behalf and instead of me and at **NTPS National Toll Payment Services Plc.** (registered seat: H-1134 Budapest, Váci út 45/B, Tax ID: 12147715-2-44, Company registration number: 01-10-043108) with regard to

an e-vignette purchased or any fine charged

for the vehicle with the following registration number:.....

Done:

.....

Principal

I hereby accept the authorisation:

Done:

.....

Authorised Representative

Witness 1

Name:

Address:

Personal identity card No.:

Signature:

Witness 2

Name:

Address:

Personal identity card No.:

Signature:

National Toll Payment Services Plc.

Postal address: H-1380 Budapest, Pf.: 1170 | E-mail: ugyfel@nemzetiudj.hu | Call Center: +36 (36) 587-500

toll-charge.hu



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ISO 14001
BS OHSAS 18001

