

# IDENTIFICATION FORM FOR COMPANIES

according to Act LIII of 2017 on the prevention and combating of money laundering and terrorist financing

## DATA OF THE EMPLOYER\*

Company's name*:		
Abbreviated name*:		
Registered office*:		
The address of the Hungarian branch of foreign companies, if applicable)*:		
Main activities*:		
Tax number*:		
The registered number of legal persons listed in the companies register*:		
Name of authorized representatives*:		
Position of authorized representatives*:		
Agent for service of process (if available)**:	Surname and first name.	
	Birth name:	
	Nationality:	
	Place and date of birth:	
	Mother's maiden name:	
	Address:	
	Type of the ID***:	
	Number of the ID:	
	Nr.of the official address card:	

\* In the identification procedure, service providers are required to record the above particulars.

\*\* According the Section 31 of the Act V of 2006 the agent for service of process may be an organization or a natural person with a registered office or permanent residence in Hungary, respectively.

\*\*\* Identity card, passport or driver's license card

E-mail address:	
Mobile number:	

In full knowledge of my responsibility under criminal law, declare that the above data are correct and factual. Furthermore, I hereby confirm my awareness of the rule that I am required to report to the Aranykor Voluntary Pension Fund within five working days any changes in my personal data or in the information which I provided in the above statement. I also acknowledge that I shall be liable for all damages that arise from my failure to fulfil these obligations.

Date/place:  ,

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Signature