

Phone number: SIM azonosító/szerződés: 89363052 F

A) CUSTOMER DATA:

For natural persons (to be filled by customer)

Name: _____

Permanent address (according to ID card): _____

Temporary address/ Place of residence: _____

Place of birth: _____ Date of birth: day month year

Mother's birth name: _____

Card type (Subscriber, Representative, Legal representative):

ID card Passport Driving license

Card number (Subscriber, Representative, Legal representative): _____

Name of Representative/Legal representative): _____

Contact e-mail* _____

Contact phone number*: _____

*We call the Subscriber's attention that in case of providing a third person's contact data, the Subscriber holds responsibility that the affected contact person had been informed and given voluntarily consent in advance.

For legal persons (to be filled by customer)

Name of company/organization/individual entrepreneur: _____

HQ: _____

Company registration number/Entrepreneurial ID number: _____

Tax number: _____

Name of Representative: _____

Contact phone number: _____

Contact e-mail address _____

Card type of Company representative

ID card Passport Driving license

Card number of Company Representative _____

Note: _____

Date: _____ day month year

Customer/Subscriber

By signing the form the MOL shop assistant certifies that the necessary ID documents have been checked and the customer data provided on this form are the same as in the ID documents.

Station ID:

MOL shop assistant