**A képen szöveg látható

Automatikusan generált leírás**



**Request for a duplicate**

Administrator’s name:

Administrator’s contact:

Request ID:

Data of applicant

Name, place and date of birth:

Name in the document:

Address:

E-mail:

Telephone:

Data of training:

Exact name of programme:………………………………………. Division…………………

End of student status:

Place of training:

|  |
| --- |
| Requested copy/duplicate (underline): |
| degree supplement credit book |

I declare, that I request the duplicate because of the loss, destruction of the original document.

According to the annex of Act XCIII of 1990 on Duties 2000 forint is to be paid for the copy, duplicate of degrees issued by higher educational institute and course certificate as well.

|  |
| --- |
| bélyeg |

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of student

**Filling in the Statement of issue an invoice is compulsory! (next page)**

STATEMENT OF ISSUE AN INVOICE

Please, make out an invoice about the payment according to the following data.

(Please, fill out the data in printed letters!)

Data of applicant:

Name of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID No.:

Tax number: (in case of company)

I certify by my signature, that the data I have provided is true.

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of the applicant

We can not modify the invoice!