

1993

1945

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## Bank account, Tax payer's ID and SSN Declaration form

## 1. Student data

Name:
Place of birth: Date of birth: (yyyy-mm-dd)
Mother's maiden name:
Address:
Phone: Fax:
E-mail:
2. Bank account number, Tax payer's ID:

Bank: (Name / Address)				
Bank account nr.:		-	-	
Tax payer's ID:				
SSN:				
3. Date				
	,			
(Place)		(yyyy-mm-dd)	Student's signature	

## For office use only!

Declaration form is accepted	Date of receipt:		
Processing date:	Registered by:		
Declaration form is not accepted	Reason:		
Date the student was contacted:	Contact by: 🗌 Phone 🗌 E-mail		

🗌 Fax

Letter

Cím	Postacím	Telefon	Fax
6722 Szeged	6701 Szeged	(62) 54HSZI	(62) 544-132
Ady tér 10.	Pf. 1212	(62) 544-794	