

ELIGIBILITY STATUS STATEMENT FORM

IDENTIFICATION OF LEGAL ENTITY*	
NAME OF THE LEGAL ENTITY:	
REGISTRY NUMBER:	
ADDRESS:	
COUNTRY:	
TAX NUMBER:	

**PLEASE ENCLOSE THE ESTABLISHMENT DOCUMENTATION (E.G., DEED OF FOUNDATION; ARTICLES OF ASSOCIATION, ETC.).*

CONTACT PERSON	
NAME:	
TELEPHONE:	
E-MAIL:	

REPRESENTATIVE CONTACT PERSON IN HUNGARY (IF APPLICABLE)	
NAME:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

PLEASE INDICATE WITH AN "X" IF YOU ARE CURRENTLY LICENCED** AS A:	
FINANCIAL INSTITUTION	
INVESTMENT FIRM	
INSURANCE UNDERTAKING	
REINSURANCE UNDERTAKING	
COLLECTIVE INSURANCE UNDERTAKING	
PENSION AND RETIREMENT FUND	
PUBLIC AUTHORITY	

***PLEASE ENCLOSE THE ORIGINAL DOCUMENTS¹ OR CERTIFIED COPIES² OF THE DOCUMENTS THAT UNDERPIN YOUR STATEMENT.*

LINK OF THE ONLINE DATABASE (REGISTRY) WHERE YOUR COMPANY LISTED (IF SUCH DATABASE LINK:)	
LINK:	

LIST OF ATTACHMENTS:

DATE (YYYY-MM-DD): _____

.....
 SIGNATURE
 OF THE REPRESENTATIVE OF THE LEGAL ENTITY

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS COMPLETE, TRUE AND CORRECT.

.....
 SIGNATURE ³
 OF PUBLIC NOTARY / LAWYER / LAW FIRM

¹ THE ORIGINAL DOCUMENTS WILL BE SENT BACK AFTER ELIGIBILITY STATUS EVALUATION OF NATIONAL DEPOSIT INSURANCE FUND OF HUNGARY

² CERTIFIED BY PUBLIC NOTARY

³ PLEASE NOTE THAT WE ACCEPT FORMS SIGNED BY HOME COUNTRY (LEGAL ENTITY RESIDENT) PARTIES ONLY