**DECLARATION AND DATA REPORTING SHEET**

PLEASE FILL IN THE DATA IN CAPITAL LETTERS!

Undersigned:

**NATURAL PERSON**

|  |  |
| --- | --- |
| Name: |  |
| Birth name: |  |
| Mother’s birth name: |  |
| Place and date of birth: |  |  |
| Postal address for notification: |  |
| Number and type of personal Identification document: |  |  |
| Phone number1: |  |
| E-mail address1: |  |

**NOT NATURAL PERSON (COMPANY, NGO, etc.)**

|  |  |
| --- | --- |
| Name: |  |
| Company registration number/Registration number: |  |
| Tax number: |  |
| Registered seat: |  |  |  |
| Representative: |  |
| Phone number1: |  |
| E-mail address1: |  |

Please fulfill the payment of my creditor's claim registered by the liquidator of the Sberbank Magyarország Zrt. "v.a” to the following account number, in the specified currency:

|  |  |
| --- | --- |
| Name of the credit institution (bank): |  |
| Bank account number, and currency oft he bank account:  |  - | - |  |
| Currency of the creditor’s claim:  |  |

|  |  |
| --- | --- |
| Name of the credit institution (bank): |  |
| Bank account number, and currency oft he bank account: |  - | - |  |
| Currency of the creditor’s claim: |  |

I declare that, in addition to the full settlement of my creditor's claim registered by the liquidator, I will not enforce any further claim – neither late payment interest, nor any other legal title - against Sberbank Magyarország Zrt „v.a”.

Place and date of signature: …………………………..……, 2023. ………………

………………………….…………………………….

Signature