PATIKA EGÉSZSÉGPÉNZTÁR
...az Igazi

DATA CHANGE NOTIFICATION AND IDENTIFICATION FORM

H-1022 Budapest, Bimbó út 18.
ugyfelszolgalat@patikapenztar.hu
www.patikapenztar.hu
Phone number: +36-1-210-9790
Bank account number: 10700024-02400406-51100005

PEP2022/07/T/02

Member's name: ……..……..…….

Mother's maiden name: .....

Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Tax identification number:** ☐☐☐☐☐☐☐☐☐☐

Providing the above information is mandatory!

NEW PERSONAL DATA

Name:.....

Permanent address*: ☐☐☐☐ postal code ..... municipality ..... public area ..... house number ..... floor ..... door

Correspondence address: ☐☐☐☐ postal code ..... municipality..... public area ..... .house number ..... floor ..... door

E-mail address: ..... **Phone number**: +36 ☐☐☐☐☐☐☐☐☐☐☐

☐ By providing my contact details, I consent to the Fund registering my telephone number and e-mail address, processing them for providing information relating to my membership, and sending me newsletters to the e-mail address provided. This consent is given voluntarily and may be withdrawn at any time in writing.

☐ By providing my contact details, I agree to be contacted by the Fund at my telephone number and/or e-mail address for direct marketing purposes. This consent is given voluntarily and may be withdrawn at any time in writing.

**If you have changed your permanent address, you must complete the relevant part of the New identity documents section and send a copy of the address side of your new address card. Failure to do so will result in the Fund not being able to provide the service due to a lack of full identification.*

NEW IDENTITY DOCUMENTS**

Identity document type: ..... Number: ☐☐☐☐☐☐☐☐☐ Expiry date: ☐☐☐☐☐☐☐☐

Residence card number: ☐☐☐☐☐☐☐☐☐

***If you are reporting a change in your identity documents, please always enclose a copy of the valid documents to comply with the identification requirement. Pursuant to Act LIII of 2017 on the Prevention and Hindrance of Money Laundering and the Financing of Terrorism, the Fund may only make payments to fully identified members.*

NEW BANK ACCOUNT NUMBER

My bank account number: ☐☐☐☐☐☐☐☐ - ☐☐☐☐☐☐☐☐ - ☐☐☐☐☐☐☐☐

☐ Please pay the amount of any invoices to the above bank account.

☐ Please pay the amount of any self-administered services settled to the above bank account.

STATEMENT

1. I declare that the information provided is true.
2. I acknowledge that I am obliged to notify the Fund of any change in my personal data and identity documents within 5 working days and to send a copy of the valid documents to ensure my full identification.
3. I have read the Privacy Policy on the Fund's website and I acknowledge the contents thereof.

The Fund may only make payments to fully identified members in accordance with Act LIII of 2017 on the Prevention and Hindrance of Money Laundering and the Financing of Terrorism. Please mark the appropriate one with an X:

☐ I declare that I am neither an important public figure nor a close relative of one.

☐ I declare that I am an important public figure or a close relative of an important public figure, and I enclose the necessary statement.

ATTENTION!

I have attached to this statement

- ✓ a legible copy of both sides of my valid identity document,
- ✓ a legible copy of the address page of my valid residence card.

Dated: ....., ... day ..... month ..... year

.....
Member's signature

!The declaration should be sent by post to H-1535 Budapest, Pf.: 861 or send it to ugyfelszolgalat@patikapenztar.hu with AVDH (Identification Based Document Authentication) authentication.