DECLARATION
ON COMMUNICATION BY ELECTRONIC MEANS

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PEP2022/16/T/03

Undersigned …….

Card number: ⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴ **Tax identification number:** ⌴⌴⌴⌴⌴⌴⌴⌴⌴⌴

Identity card number: ⌴⌴⌴⌴⌴⌴⌴⌴ **E-mail:** …….....

Please provide your e-mail address to be able to log in to the electronic administration! The Fund will send information to this address when you upload an electronic document to your personal online account (NetPénztár). In order to access the documents, please register in the online administration.

☐ **I request Patika Health Fund to produce the documents, statements and certificates to be handed over to me as electronic documents in accordance with Section 13 (4) of the Act on Funds.**

I understand that Patika Health Fund will not send me forms and notices delivered as electronic documents, as well as documents sent electronically in printed form, by post.

☐ **I subscribe to the Fund's monthly newsletter**

By providing my contact details, I consent to the Fund registering my 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 This consent is given voluntarily and may be withdrawn at any time in writing.

☐ **I subscribe to the electronic information bulletin (e-dm).**

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 This consent is given voluntarily and may be withdrawn at any time in writing.

I have read and understood the Privacy Policy published on the website of the Fund (www.patikapenztar.hu), and based on the preliminary information contained therein, I also give my consent to the processing of my personal data disclosed and changed in this notification.

Dated: ……., ……..… 20…...

……
Member's signature

Witness 1 **Name:**	**Witness 2** **Name:**
Address:	Address:
Personal ID. card No.:	Personal ID. card No.:
Signatur:	Signature:

! Please authenticate the form and send it to us!

- After printing, you and 2 witnesses should sign it and send it by post to the address of the Fund (Patika Egészségpénztár, seat: H-1022 Budapest, Bimbó út 18.) **or**
- authenticate the downloaded, saved pdf version with AVDH and send it online to ugyfelszolgalat@patikapenztar.hu.