**** Appendix number 1.

MŰSZAKI TÉRADAT SZOLGÁLTATÓ FŐOSZTÁLY

REQUEST FORM OF SUPPLYING OF DATA

**Claimant (person, institution, organization) name:** ……………………………………………………………………………………………………………………………………………..

Address / seat: ………………………………………………………………………………………………………….

Telephone number:………………………………………………………………………………………………………………………….

E-mail: …………………………………………………………………………………………………………………………………

**Content and description of supplying of data:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………..

Way and type of data service:

|  |  |  |
| --- | --- | --- |
|  |  | electronic |
|  |  | paper based  introspection |
|  |

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**ATTENTION – for handling personal data**

Name: ………………… (name at birth: …………….. ) I (as a clamaint) give my permission to handle my personal data for the purpose of registration of data service

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Information given is handled according to the actions of Information Act.

Place.:………………….……………,Date: …….. day ……......… month ..………year

………………………………………………………………….

**Claimant’s (or his or her representative’s)**

**signature**