**Apostille kiállítása / közbenső hitelesítés iránti kérelem**

**Request for Apostille / Legalization of Documents**

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| 1. **Az Ügyfél adatai / Requestor information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ügyfél neve / Requestor’s surname and first name – **CÉG VAGY MAGÁNSZEMÉLY NEVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Címe / Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telefonszám / Phone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Mobiltelefon / Mobile number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Képviselő neve\*\* / Representative’s surname and first name\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Képviselő címe\*\* / Representative’s address\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fizetési mód** (X-szel jelölje) / Payment method (leave an X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Készpénzfizetés nem lehetséges / Cash is not accepted** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Postai készpénz-átutalási megbízás (sárga csekk) / Postal check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | Átutalás / Bank transfer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | Bankkártya (helyben) / Credit card (on site) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. **Számlázási adatok / Billing data** (**Ha nem azonos az ügyfél adataival**. / If it’s not for the requestor.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Név / Name | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |
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| Cím / Address | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |
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| 1. **A közjegyzői okirat adatai / The data of the notarial document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOKK üsz.\* / File No.\*  **EZT AZ OSZLOPOT A HIVATAL TÖLTI KI** | | | | | | | | | | | | | | | **Aláíró közjegyző/helyettes** **neve** / The name of the signatory (civil law notary or notary substitute)  **ÜGYFÉL TÖLTI KI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **A KÖZJEGYZŐI OKIRAT ügyszáma** / The file number of the notarial document  **ÜGYFÉL TÖLTI KI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FELHASZNÁLÁS ORSZÁGA** /  Country where document is to be used  **ÜGYFÉL TÖLTI KI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Kelt / Done at:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aláírás** (ügyfél vagy képviselő) /

**Signature** (requestor or representative)

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| Tájékoztatás | Information |
| Az ügyfél, illetve a képviselő kérelemben feltüntetett adatait a MOKK Hivatala a személyazonosító okmány megtekintésével ellenőrzi. Kérjük Tisztelt Ügyfeleinket, hogy a kérelem benyújtásakor **az okmányaikat bemutatni** **szíveskedjenek**.A **kérelemhez mellékelni kell** a tanúsítvánnyal ellátni kért eredeti okiratot, valamint a hitelesítés díjának megfizetéséről szóló igazolást (a bankszámla terhelését tartalmazó napi bankkivonatot vagy a postai készpénz-átutalási megbízás feladást igazoló szelvényrészét). A Hivatalban történő megjelenés esetén lehetőség van a helyszínen bankkártyával történő fizetésre is.  Bővebb tájékoztatás: *www.mokk.hu* | Please be aware that by submitting this application MOKK checks the requestor’s (or representative’s) data which You have written above. Please, **show Your ID card, passport** etc. to the administrator when You submit this form.  The original notarial document **should be enclosed** to this form. Also enclose a proof of payment (for example bank statement). It’s possible to pay with credit card on site if You take the document to the MOKK.  More information about this procedure and the payment method: *www.mokk.hu* |

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| **IV. A MOKK HIVATALA TÖLTI KI. / FOR MOKK USE ONLY, PLEASE DO NOT FILL IT.** | | |
| Az okiratokat hitelesítette / The notarial documents were certified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Budapest, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| A hitelesített dokumentumokat a mai napon hiánytalanul átvettem / I received the certificated documents completely today:  Budapest, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Aláírás** (ügyfél vagy képviselő) /  **Signature** (requestor or representative) | | |
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| Az alábbi dokumentumokat átvettem / I received the following documents: | | |
| hitelesítve / as certified | hitelesítés nélkül / as uncertified | |
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| Budapest, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Aláírás** (ügyfél vagy képviselő) /  **Signature** (requestor or representative) | | |
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