

APPLICATION FORM OF BASIC REGISTRATION

☐ Certificate of basic registration

☐ Certificate of non registration

☐ in Hungarian Number of copies:.....

☐ in English Number of copies:.....

Personal details

(* : It is obligatory to fill out)

* Name (your name in the ID card or passport):

*Surname:

*Given name:

* Name at birth:

* Surname:

* Given name:

* Place and date of birth:

*Sex:

* Nationality:

* Mother's maiden name:

* During the health activity I would like to use:

☐ My name

☐ My name at birth

* I would like to use the title 'Dr':

☐ Yes

☐ No

* Registered address:

* Mailing address (if it is different from the registered address):

Phone number:

E-mail address:

I would like to get the certificate:

☐ by post to my mailing address

☐ by e-mail to that e-mail address(es):.....

☐ in person at the customer service during the opening hours (in that case we will notice you by e-mail when the certificate is ready)

Details of the qualification(s)

I. Title of the Diploma:

Number of the diploma (number/year):

Place and date of issue:

Issuing body:



II. Title of the Diploma:	
Number of the diploma (number/year):	
Place and date of issue:	
Issuing body:	
III. Title of the Diploma:	
Number of the diploma (number/year):	
Place and date of issue:	
Issuing body:	
I hereby declare that the informations contained in my application are true and correct at the moment of signing.	
Date:	Signature:
The application can be sent: - by post as a required letter to the address 1444 Budapest, P.O. Box 270.; - by personal at our customer service during the opening hours (You can check the opening hours at our website) - by e-mail to omn@okfo.gov.hu	