

## REQUEST

I ..... (name of the applicant) apply to the National Directorate General for Hospitals (hereinafter referred to as the Directorate) for authentication of the signature and the medical stamp on the medical certificate(s) dated ..... (date of issue of the medical certificate or certificates) to be used in ..... (name of the country where the medical certificate shall be submitted).

### I. Personal data of the applicant:

Name: .....  
Name at birth: .....  
Date and place of birth: .....  
Mother's maiden name: .....  
Nationality: .....  
Registered address: .....  
Present address (if different): .....  
Mailing address (if different): .....  
Telephone: .....  
E-mail: .....

### II. I enclose the following documents (Please put an X before the selected ones):

- original copy of the medical report which requires the authentication
- fee stamp in the amount of ..... HUF
- signature sample

### III. I'd like to get the authenticated document (Please put an X before the selected one):

- personally
- by post
- by an authorised person (please attach an authorisation)

By signing this application I give my consent to the Directorate to contact with the issuer of the medical report in order to confirm the authenticity of the document if necessary.

I hereby declare that the information contained in my application are true.

Date: .....

.....  
signature