

## Beneficial owner declaration for the representative of the employer member/contributor

For the representative of the employer member/contributor, for executing the task stipulated by Sections 8-9 of Act LIII of 2017 Please fill in the declaration in block capital letters; data marked in bold are mandatory; please mark the appropriate boxes with an X.

1. Employer's Declaration
I, the undersigned
I act in my own name or on behalf of the client represented by me, or
I act on behalf of the following natural person who is the beneficial owner
If I act on behalf of another person who is the beneficial owner, I certify the following data regarding the beneficial owner:
Last name and first name:
Last name and first name at birth:
Place and date of birth:
Nationality:
Address:
For foreigners, place of residence in Hungary:
Type and extent of ownership interest:
Place and date: