ORDER AND INVOICE REQUEST STATEMENT

1. Student information:

Name: ………………………………………………………………………………………………………….

Place and date of birth: ………………………………………………………………………………………...

Mother's name: …………………………………………………………………………………………………

Address: ………....………………………………………………..……………………………………………

Tax identification number: ………………...……………………………...……………………………………

Phone number: …………………………………………………………………………………………………

Neptun code: …………………………………………………………………………………………………...

1. Payment details:

Name of the training program: …………………………………………………………………………………

Payment period: ……………………....................… academic year, ………………………….…… semester

Tuition fee due for the semester: …………………………………………………………………… Forint

* 1. If the tuition fee is paid jointly by a private individual and a company/employer, please complete the following:

- Private individual’s information:

Name: ……………………………………………………………………..………………

Address: ………………………………………………………………………..…………

Tax identification number: …..……………………………………………………………

Tax number: …..…………………………………………………………………..………

Invoice amount: …………… Ft, percentage of the tuition fee due for the semester: ……………%

Payment method: bank transfer

- Company/employer information:

Name: ……………………………………………………………………………………………

Address: …………………………………………………………………………………………

Tax number: ..………………………………………………………………….………..............

Invoice amount: …………… Ft, percentage of the tuition fee due for the semester: …………….%

Payment method: bank transfer

* 1. If the tuition fee is paid in full by a private individual or a company/employer, please complete the following:

Name: ……………………………………………………………………………………………

Address: …………………………………………………………………………………………

Tax identification number: ...……………………………………………………………………

Tax number: …………………………………………………………………………………….

Invoice amount: ………………………………………………………………………...............

Payment method: bank transfer

I hereby declare under penalty of perjury that the data provided in this invoice request statement are true.

I undertake to pay the indicated amount by transferring it to the bank account of Eötvös Loránd University.

Date: ……………………………....................

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

authorized signature and stamp of the payer student’s signature