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