

LETTER OF AUTHORISATION

To:

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(name and address of the account managing bank)

We hereby authorise you to execute direct debits against our payment account specified below based on a letter of authorisation to be submitted by the Managing Body, acting on behalf of the Obligee named below, under the following terms and conditions:

Account holder's name:	
Account holder's registered address:	
Bank account number of the payment account for which the authorisation is granted:	
Obligee's name:	Ministry of Foreign Affairs and Trade
MB acting on behalf of the Obligee:	HIPA Hungarian Investment Promotion Agency Non-Profit Private Company Limited by Shares
Headquarters and address of the MB:	H-1055 Budapest, Honvéd utca 20.
Bank account number of Obligee's payment account:	10032000-01220108-50000005
Obligee's account manager:	Hungarian State Treasury

This authorisation will be valid until withdrawal.

Further conditions:

- a) withdrawal of the authorisation is subject to the Obligee's written approval
- b) in case of lack of funds the bank will perform partially
- c) in case of lack of funds the claim will be queued for 35 days.

Dated in, (day) (Month) (year)

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Account Holder

Rider:

We, credit institution as the account-holding bank of the Account Holder hereby acknowledge that the Managing Body, acting on behalf of the Ministry of Foreign Affairs and Trade as obligee, namely the HIPA Hungarian Investment Promotion Agency Non-Profit Private Company Limited by Shares, is entitled to enforce its claim against the Account Holder by making a direct debit against the Account Holder's account based on a letter of authorisation in compliance with the above conditions.

Dated in, (day) (Month) (year)

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Credit institution