



# AUTHORIZATION



I, **undersigned** \_\_\_\_\_ place and date of birth: \_\_\_\_\_

ID card number: \_\_\_\_\_ address: \_\_\_\_\_

# A U T H O R I Z E

\_\_\_\_\_ place and date of birth: \_\_\_\_\_

ID card number: \_\_\_\_\_ address: \_\_\_\_\_

to act in necessary matters regarding to my All You Can Move SportPass receiveable in the All You Can Move Customer Service Office.  
(1053 Budapest, Károlyi u. 11., 3<sup>rd</sup> floor, 1.)

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**PRINCIPAL**

\_\_\_\_\_  
**AGENT**

In our presence as witnesses:

## 1. Witness

**NAME**

**ADDRESS**

**ID CARD NUMBER**

## 2. Witness

**NAME**

**ADDRESS**

**ID CARD NUMBER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**