



AUTHORIZATION FOR RECEIVING AYCM SPORTPASS /

I, UNDERSIGNED /

PLACE AND
DATE OF BIRTH /

ADDRESS /

AUTHORIZE

PLACE AND
DATE OF BIRTH /

ADDRESS /

to act in necessary matters regarding to my ALL YOU CAN MOVE SportPass receiveable in the ALL YOU CAN MOVE Customer Service Office. **(H-1053 Budapest, Károlyi u. 12.)**

DATE:

PRINCIPAL

AGENT

In our presence as witnesses:

1. Witness

2. Witness

NAME /

NAME /

ADDRESS /

ADDRESS /

SIGNATURE

SIGNATURE

