



AUTHORIZATION



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.
(1053 Budapest, Károlyi u. 11., 3rd floor, 1.)

DATE: Budapest, _____

PRINCIPAL

AGENT

In our presence as witnesses:

1. Witness

NAME _____

ADDRESS _____

2. Witness

NAME _____

ADDRESS _____

SIGNATURE

SIGNATURE

