REQUEST FOR REPLACING LOST/ERRONEOUS CERTIFICATE

Last name: ……..... First name: …….....

Date of birth: d☐☐m☐☐ yr☐☐ ☐☐ Place of birth (city): …….....

Language: …… Level of exam: …… Examination site: …….

Candidate number: ☐☐☐☐☐☐☐☐☐☐ Date of exam:…….

Reason for request:

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Mailing address:

Country: ……Zip code:…… Phone number: ……..

Town: …… E-mail address: …….

Street:…….

Name of beneficiary: Pécsi Tudományegyetem
Address of beneficiary: 7622 Pécs, Vasvári Pál u. 4.
Beneficiary account no: HU40-10004885-10004012-15008231
Details of payment: 800007

Name of beneficiary's bank: Magyar Államkincstár
SWIFT code: HUSTHUHB
Address of the bank: 1054 Budapest, Hold u. 4. Hungary

Intermediary bank name: Magyar Nemzeti Bank
SWIFT code: MANEHUHB

....., ... day ..... month ..... year

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signature