**AUTHORIZATION**

Undersigned:

|  |  |
| --- | --- |
| **Consumer’s**  **(authorizing person’s) name:** |  |
| **Residential address** |  |
| **Date and place of birth** | Place of birth: |

I hereby authorize:

|  |  |
| --- | --- |
| **Authorized person’s name** |  |
| **Residential address:** |  |
| **Date and place of birth** | Place of birth: |

to act on my behalf and in my name before the Budapest Conciliation Board with full authority and represent me in the procedure in order to settle the consumer legal dispute that has arisen between me and the following business:

|  |  |
| --- | --- |
| **Name of business** |  |
| **Address:** |  |

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This authorization is valid until revoked and it exclusively relates to the above consumer legal dispute.

Dated, …………………………………………., 202…. year …………………………………. month …… day

|  |  |
| --- | --- |
| ………………………………………  **Consumer’s (authorizing person’s) signature** | ………………………………………  **Authorized person’s signature** |

**Before them as witnesses:**

|  |  |
| --- | --- |
| Name: | Name: |
| Residential address: | Residential address: |
| Signature: | Signature: |