

ENTRY FORM

I, the undersigned, declare that I wish to enter the "Jobb Kezek" Iskolaszövetkezet (School Co-operation). By signing this entry declaration, I declare that I admit the Statutes of the Cooperative and I accept it as binding on myself. In the realization of the tasks of the Cooperative I intend to participate with my personal work. For the debts of the Cooperative, I take responsibility for my financial contribution. I declare that I am a full-time student and I acknowledge that I can only work as a full-time student in the Cooperative. For the establishment and maintenance of a membership relationship, the original, I must give a full-time school attendance certificate valid for the semester for the Cooperative. I understand that - in the 1997 LXXX. According to Section 5 (1) b) of the Act I am not insured as a full time student and therefore I am not entitled to any social security benefit.

Name:

Tax ID number:

Social security number, if you have one:

Mother's maiden name:

Card number of student card:

Place of birth:

Date of birth:

Address in Hungary:

Phone:

Citizenship:

Email:

Name of the current educational institution:

TRANSFER bank account number (16 or 24 digits):

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Tax Advance Statement

I, the undersigned, declare that:

- I am not eligible for a family (child) allowance.
- I am not eligible for the tax benefits of the first married couple.
- I am not eligible for personal discount (serious disability).

In the case of eligibility for tax relief, a separate statement is required.

Contribution of property

I, the undersigned, make a commitment to contribute 500 Ft, at the same time as the membership. I agree that this amount will be deducted by the Cooperative from my first due receipts, and for this part the financial contribution shall be considered to be fulfilled. I, the undersigned, agree to use my tax number and personal data in the various registers of the Cooperative. I declare that the information provided is true.

City:

Date:

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signature