



BUDA HEALTH CENTER

CERTIFICATE

Issued for getting the discount provided for close relatives (parent, sibling, spouse, child)

Undersigned, (date of birth:
mother's name:), as the associate/contributor ofLLC/Ltd.
I certify that the reported person is a close relative of mine and that their personal data is true and accurate.

I declare that I am authorized to transfer the personal data provided in this certificate to **Buda Health Center Ltd.** (1126 Budapest, Királyhágó u. 1-3., Company no.: 01-10-141707). I informed the subject about the data management by Buda Health Center Ltd.
I was informed that the data management notice of Buda Health Center Ltd. is available on their website (<https://www.bhc.hu>) and at the testing sites too.

Relative's data:

Name:

Mother's name:

Home address:

□□□□

Place and date of birth: □□□□. □□.□□.

Social security number: □□□-□□□-□□□ **Phone number:** +36 □□-□□□□-□□□□

Please indicate the type of family relationship with an „X”:

- ☐ Parent
- ☐ Sibling
- ☐ Civil partner
- ☐ Spouse
- ☐ Child

.....
Associate's signature

This section will be filled out by the service provider!

Associate's documentation identification number:

Relative's documentation identification number:

.....
Signature of customer relationships associate

BUDA HEALTH CENTER ZRT.

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