*Annex 3 to MNB Decree No. 19/2019 (V. 13.)*

***Application for testing and registration of a banknote handling machine by the MNB***

|  |  |  |
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| 1. Particulars of the applicant | Name: |  |
| (manufacturer, distributor, | Registered office: |  |
| operating company\*) | Mailing address: |  |
|  | Email: |  |
|  | Website: |  |
| 2. Particulars of contact person | Name: |  |
| of the applicant | Phone number (including area code): |  |
|  | Email: |  |
| 3. If the applicant differs from | Name: |  |
| the manufacturer, particulars of | Registered office: |  |
| the manufacturer | Mailing address: |  |
|  | Email: |  |
|  | Website: |  |
| 4. Particulars of the contact | Name: |  |
| person of the manufacturer | Phone number (including area code): |  |
|  | Email: |  |
| 5. Particulars of the banknote handling machine to be tested | Function\*\*: | **Staff-operated**  - banknote processing machine |
|  |  | - banknote authentication machine |
|  |  | - teller assistant recycling machine |
|  |  | - teller assistant machine |
|  |  | **Customer-operated** |
|  |  | - cash-in machine |
|  |  | - cash-recycling machine |
|  |  | - combined cash-in and cash-out machine |
|  |  | - cash-out machine |
|  | Place of origin (if other than an EU Member State): |  |
|  | Type: |  |
|  | Hardware version: |  |
|  | Software version: |  |
| \* underline as appropriate  \*\* underline as appropriate based on the function description in Point 1 Annex 2 | | |
| Date: ................................................................................... | | |
| ................................................................ authorised signature | | |