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The paying partner’s signature (as recorded by the payment service provider) Date of order Name and seat of payment service provider managing the paying party’s account

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| Paying party’s name | | | | | | | | | | | | | | | | | | | | |
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| Paying party’s account number | | | | | | | | | | | | | | | | | | | | |
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| Beneficiary’s name | | | | | | | | | | | | | | | | | | | | |
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| (continued) | | | | |  | | | | **Amount** (rounded to forints) | | | | | | | | | | | |
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The paying partner’s signature (as recorded by the payment service provider) Date of order Name and seat of payment service provider managing the paying party’s account

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