



150. GENERAL CONSUMER PETITION

place of bar code

CASE NUMBER:

To be submitted in 1 copy to the Financial Arbitration Board

Place of receipt

*You may download this form from the website of the Financial Arbitration Board (www.penzugyibekeltetotestulet.hu) and fill in legibly or by typewriter. You may ask for the assistance of the Network of Financial Advisory Offices for filling in the form; for contact details see www.penzugyifogyaszto.hu.
You may send the filled in form to our postal address (Pénzügyi Békéltető Testület 1525 Budapest, Postafiók 172) or submit in person at the customer service desk of the Magyar Nemzeti Bank (address: H-1013 Budapest, Krisztina krt. 39.).
The petition may also be submitted via the designated Bureaus of Civil Affairs or in electronic form via the e-government portal. (www.magyarorszag.hu)*

1A. PETITIONER'S data: (Any person qualifying as a CONSUMER, i.e. a natural person acting for purposes falling outside his independent occupation and economic activity, may be a petitioner.)

1A.1	Petitioner's name:				
1A.2	Residential or postal address:				
1A.3	Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1A.4	Telephone number:				
1A.5	Capacity: Please mark with X as applicable	<input type="checkbox"/> debtor	<input type="checkbox"/> demand guarantee provider	<input type="checkbox"/> mortgager	<input type="checkbox"/> heir
		<input type="checkbox"/> in the case of insurance contracts contractor	<input type="checkbox"/> insured	<input type="checkbox"/> beneficiary	<input type="checkbox"/> fund member
		<input type="checkbox"/> other (please describe)			

1B. ADDITIONAL PETITIONER'S data: (Any person qualifying as a CONSUMER, i.e. a natural person acting for purposes falling outside his independent occupation and economic activity, may be a petitioner.)

1B.1	Petitioner's name:				
1B.2	Residential or postal address:				
1B.3	Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1B.4	Telephone number:				
1B.5	Capacity: Please mark with X as applicable	<input type="checkbox"/> debtor	<input type="checkbox"/> demand guarantee provider	<input type="checkbox"/> mortgager	<input type="checkbox"/> heir
		<input type="checkbox"/> in the case of insurance contracts contractor	<input type="checkbox"/> insured	<input type="checkbox"/> beneficiary	<input type="checkbox"/> fund member
		<input type="checkbox"/> other (please describe)			

150-A	Name of petitioner as per point 1A.: _____	Date of birth: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>							

2. PROXY'S data

If you wish to act via a proxy, please also fill in and sign the POWER OF ATTORNEY form, obtain the signature of two witnesses and attach the original copy as annex to the petition.

2.1	Proxy's name:	
2.2	Residential or postal address:	
2.3	Telephone number:	

3. Data of the FINANCIAL SERVICE PROVIDER:

3.1	Name of the financial service provider:	
3.2	Address of the financial service provider:	

Data of ADDITIONAL SERVICE PROVIDER (*Please fill in this section only, if you request that the procedure be launched against the additional service provider.*)

3.3	Name of the additional financial service provider:	
3.4	Address of the additional financial service provider:	

4. DECLARATION ON DISQUALIFYING REASONS HINDERING THE INSTITUTION OF PROCEEDINGS:

Please be informed that the Financial Arbitration Board may only start the proceeding, if none of the disqualifying reasons listed below exists. It is important to indicate your response for each item.

Based on the same factual data and for the same right

4.1	– a Financial Arbitration Board proceeding has been initiated before	<input type="checkbox"/> no / <input type="checkbox"/> yes
4.2	– a mediation procedure has been initiated before	<input type="checkbox"/> no / <input type="checkbox"/> yes
4.3	– there is a pending civil action	<input type="checkbox"/> no / <input type="checkbox"/> yes
4.4	– already a final judgement has been passed in the case, or there is a binding warrant for payment	<input type="checkbox"/> no / <input type="checkbox"/> yes
4.5	– the petitioner has formerly submitted an equity petition to the Financial Arbitration Board	<input type="checkbox"/> no / <input type="checkbox"/> yes

5. Data related to the COMPLAINT SUBMITTED TO THE FINANCIAL INSTITUTION:

Please be informed that the Financial Arbitration Board may only start the proceeding, if you have attempted to resolve the dispute directly with the financial service provider and your complaint (equity petition) has been rejected. If you have not lodged a complaint (equity petition) with the financial service provider, you may not initiate the proceeding of the Financial Arbitration Board.

5.1	When did you submit your complaint/equity petition to the financial institution? day month 201... year
5.2	Please mark with X, if the financial institution did not respond to your complaint/equity petition and already 30 days have elapsed since the receipt of the complaint.	<input type="checkbox"/> yes
5.3	When did you receive the financial institution's letter on the rejection of the complaint/equity petition? day month 201... year

150-B/1

ADDITIONAL SHEET FOR POINT 6.2

Name of petitioner as per point 1A.:

Date of birth:

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Detailed presentation of the reason for the petition (continuation of Point 6.2):

150-CName of petitioner as per point 1A.:

Date of birth:

□	□	□	□	□	□	□	□
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7. ANNEXES TO THE PETITION:

The launch of the proceeding is **conditional upon** attaching the documents supporting your allegation to the petition. In the case of Points 7.1.1-7.1.4 and 7.2.1-7.2.3 it is sufficient to mark with X on the form that you have attached the instrument, while in the case of Point 7.2.4, please list the additional instruments you have attached.

7.1 Annexes related to Points 2-5 of the petition:

7.1.1	Complaint/equity petition you have submitted to the financial institution	attached: <input type="checkbox"/>
7.1.2	Letter of the financial institution on the rejection of the complaint/equity petition	attached: <input type="checkbox"/>
7.1.3	If you have not received a response to your complaint from the financial institution, the document evidencing the submission of the complaint (e.g. the post office receipt of the registered mail)	attached: <input type="checkbox"/>
7.1.4	Original copy of the filled in and signed Power of Attorney form, if you have filled in Point 2 of the petition	attached: <input type="checkbox"/>

7.2 Annexes related to Point 6 of the petition:

7.2.1	Document confirming the legal relationship pertaining to the financial services (e.g. contract, insurance proposal, insurance policy)	attached: <input type="checkbox"/>
7.2.2	Documents related to the insurance service claim (e.g. claim assessment protocol, expert opinion, quotation or invoice)	attached: <input type="checkbox"/>
7.2.3	Warrant for payment, litigation and foreclosure instruments related to the subject matter of the petition	attached: <input type="checkbox"/>
7.2.4	Additional documents supporting the petition: (Please list the attached additional documents.)	

150-D	Name of petitioner as per point 1A.:	Date of birth:
	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8. I submit the following definite petition for the decision of the Financial Arbitration Board, based on which I request that the procedure be conducted.

Performed on, daymonth 201.... year

.....
Signature of the Petitioner specified in Point 1A.*

.....
Signature of the Petitioner specified in Point 1B.*

** By signing this form I also declare that the Financial Arbitration Board may manage my data in the proceeding launched on the basis of this petition for the necessary time as specified in Section 5(2) of Act CXII of 2011 on the Right of Informational Self-Determination and on Freedom of Information, and may transfer it to third parties if it has a statutory obligation to do so.*

Please be informed that the petitioner may receive information on the personal data managed in respect of him/her at any time, and in the case of any infringement he/she may initiate court action or the proceedings of the Hungarian National Authority for Data Protection and Freedom of Information.

POWER OF ATTORNEY

I, the undersigned:

Petitioner's (principal's) name:														
Residential address:														
Date and place of birth:	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Place of birth:													

hereby authorise:

Proxy's name:														
Residential address:														
Date and place of birth:	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> Place of birth:													

to act on behalf of me and in my name with full powers in the proceedings started with a view to resolve the financial consumer dispute between myself and

Name of financial service provider:	
address:	

at the Financial Arbitration Board.

This power of attorney is valid until recalled and applies solely to the above financial dispute.

Performed on, daymonth 201.. . year

..... Principal's signature Proxy's signature
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Witnesses:

Name:	Name:
Address:	Address:
Mother's maiden name:	Mother's maiden name:
Signature:	Signature: