

**PROXY**

I, the undersigned ..... (name) (birth name: .....,  
place and date of birth: ....., TAJ number:  
....., address: .....), as the principal, hereby

authorize

..... (name) (birth name: ....., place and date of  
birth: ....., mother's name: ....., address:  
....., hereinafter referred to as: the authorized representative),

that I have filed a complaint on my own behalf regarding **Medicare Biztosító Zrt.**  
(registered office: 1134 Budapest, Váci út 29-31, company registration number: 01 10  
142557, hereinafter: the Insurer) and/or **Medicare Egészségközpont Zártkörűen  
Működő Részvénytársaság** (registered office: 1134 Budapest, Váci út 29-31, company  
registration number: 01 10 042382) regarding my complaint, to act on my behalf and in  
my representation, and to make statements.

I hereby declare that the response to the complaint may be communicated to the  
authorized person.

This power of attorney is valid until revoked / until ..... (date). (Please check  
the appropriate box)

Date: .....

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Principal

Signature

Before us, as witnesses:

Name:

Name:

Address:

Address:

Signature:

Signature: