

Request for modification of personal data

* Fields marked by star are obligatory

DiDb card number*:

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First name*: _____ Last name*: _____

Birth name*: _____

Nationality*: _____ Language(s) of communication _____

Mother's/father's name *: _____

Place of birth*: _____ Date of birth*:

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Please only fill the data you want to change!

Address:

- Country: _____ Postal code:

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- Town: _____

- Street: _____

E-mail address : _____ @ _____

I sign up for the DiDb newsletter with the above e-mail address.

Workplace (name/address): _____

Expiration date of ID card:

2	0						
2	0						
2	0						

Expiration date of passport:

Expiration date of medical certificate for driving licence:

Phone number	+																						
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By signing, I agree that my data will be controlled according to the rules of SECTRAN Kft. "Description of data control in the DiDb system".

_____, 20 _____ Signature _____