# ORSZÁGOS EGÉSZSÉGBIZTOSÍTÁSI PÉNZTÁR

**IGÉNYLŐLAP**

## a Társadalombiztosítási Azonosító Jelet igazoló Hatósági Igazolvány kiadásához

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Kiadás jogcíme:** |  | **első kiadás** |  | **elvesztés, ellopás, rongálódás** |  | **névváltozás** |  | **érvényesség lejárata** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Family name** | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Given name** | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Birth name** | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Mother’s maiden name** | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Place of birth** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth** | | | | | | |  | |  | |  | |  | | **Year** | | | |  | | |  | | **month** | | | |  | |  | | | **day** | | | |
| **Nationality** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | | | | | |  | | **male** | | | | | | | | | |  | | | | **female** | | | | | | | | | | | | | |
| **Permanent/ Home address** | | | **Post code** | | | |  | |  | |  | |  | | **town** | | | |  | | | | | | | | | | | | | | | | | |
| **street** |  | | | | | | | | | | | | | | **number** | | | |  | | | | | | **Floor/door** | | | | | | |  | | | | |
| **Temporary /Hungarian address** | | | **Post code** | | | |  | |  | |  | |  | | **town** | | | |  | | | | | | | | | | | | | | | | | |
| **street** |  | | | | | | | | | | | | | | **number** | | | |  | | | | | | **Floor/door** | | | | | | |  | | | | |
| **Substitute authorised person/requisition** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | **Post code** | | | |  | |  | |  | |  | | **town** | | | | |  | | | | | | | | | | | | | | | |
| **street** |  | | | | | | | | | | | | | **Number** | | | |  | | | | | **Floor/door** | | | | | | |  | | | | | | |
| **Alulírott nyilatkozom arról, hogy külföldön EGT, Egyezményes államban, saját biztosítási rendszerrel rendelkező szervezetnél fennálló biztosítási jogviszonnyal nem rendelkezem.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | |  | | | | |  | |  | |  | |  | | **year** | | | |  | | |  | | **month** | | | |  | |  | | | **day** | | | |
| **Signature** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hivatal tölti ki!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Az igénylőlap kiállítása a bemutatott** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **számú személyi igazolvány** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **számú születési/házassági anyakönyvi kivonat** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **számú útlevél** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **számú tartózkodási engedély** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **számú egyéb okirat alapján történt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A TAJ kiadását megalapozó jogviszony megnevezése:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Az adatok valódiságát ellenőriztem:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Az igénylő Társadalombiztosítási Azonosító Jele** | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  |  | | |  | | |  | |  |
| **Igazgatási szolgáltatási díj befizetésére vonatkozó feljegyzés** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Iktatószám, dátum:** | | | | |  | | | | |  | |  | |  | |  | **év** | | | | |  | |  | | **hó** | | |  | | |  | | | **nap** | |
| **Ügyintéző aláirása** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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## A TAJ-t igazoló hatósági Igazolványt átvettem.

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| **Dátum:** |  |  |  |  |  | **év** |  |  | **hó** |  |  | **nap** |
| **Signature** | | | | | | | | | | | | |

\*A megfelelő rovat elé tegyen X-t!

Az Igénylőlapot nyomtatott nagybetűkkel kell kitölteni!

A.3517-I. r. sz. Térítésmentes nyomtatvány NYT.53