



## 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 can download this form from [www.mnb.hu/bekeltetes](http://www.mnb.hu/bekeltetes), fill it in by hand or by computer. You can ask for assistance for the completion of the form at the Customer Service Desk of the Magyar Nemzeti Bank (address: 1122 Budapest, Krisztina krt. 6.), or from the Financial Advisory Offices operating as the MNB's partners. For the contact details of the latter see: <https://www.mnb.hu/fogyasztovedelem/tanacsado-irodak>. You can submit the completed form by post to our postal address (Financial Arbitration Board, 1525 Budapest, PO Box 172) or in person at the MNB's Customer Service Desk or at the Government Offices. In this case you do not need to pay any postage. You can also submit your application electronically via the client gate portal ([www.magyarorszag.hu](http://www.magyarorszag.hu), [www.mo.hu](http://www.mo.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)			

<b>150-A</b>	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> <td style="width: 20px; height: 20px;"> </td> </tr> </table>								
_____										

<b>2. PROXY'S data</b>		
<i>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.</i>		
2.1	Proxy's name:	
2.2	Residential or postal address:	
2.3	Telephone number:	

<b>3. Data of the FINANCIAL SERVICE PROVIDER:</b>		
3.1	Name of the financial service provider:	
3.2	Address of the financial service provider:	
<b>Data of ADDITIONAL SERVICE PROVIDER</b> <i>(Please fill in this section only, if you request that the procedure be launched against the additional service provider.)</i>		
3.3	Name of the additional financial service provider:	
3.4	Address of the additional financial service provider:	

<b>4. DECLARATION ON DISQUALIFYING REASONS HINDERING THE INSTITUTION OF PROCEEDINGS:</b>		
<i>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.</i>		
<b>Based on the same factual data and for the same right</b>		
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

<b>5. Data related to the COMPLAINT SUBMITTED TO THE FINANCIAL INSTITUTION:</b>		
<i>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.</i>		
5.1	When did you submit your complaint/equity petition to the financial institution?	..... day ..... month ..... year
5.2	Please mark with X, if the financial institution <b>did not respond</b> 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 ..... year

<b>150-B</b>	Name of petitioner as per point 1A.: _____	Date 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> </tr> </table>								

**6. SUBJECT OF THE PETITION AND DESCRIPTION OF THE REASONS:**

**6.1 Describe the subject of the petition and indicate the amount involved:**

<b>6.1.1</b>	<b>Reference number of the contract being the subject of the petition:</b>	
<b>6.1.2</b>	<b>Petition of equity:</b>	<input type="checkbox"/> yes
<b>6.1.3</b>	<b>Description of the petition:</b>	
<b>6.1.4</b>	<b>Amount involved in the petition:</b>	HUF

**6.2 Detailed presentation of the reason for the petition:**

*Attach the copies of the instruments supporting your allegations and indicate in **point 7** the documents you attached to support your allegations.*

*Please mark with X, if you continue Point 6.2 on additional sheet 150-B/1:  yes*

**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-C**Name 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.

<b>7.1 Annexes related to Points 2-5 of the petition:</b>		
7.1.1	<b>Complaint/equity petition</b> you have submitted to the financial institution	attached: <input type="checkbox"/>
7.1.2	Letter of the financial institution on the rejection of the <b>complaint/equity petition</b>	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	<b>Original copy</b> of the filled in and signed <b>Power of Attorney</b> form, if you have filled in Point 2 of the petition	attached: <input type="checkbox"/>

<b>7.2 Annexes related to Point 6 of the petition:</b>		
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	<b>Warrant for payment, litigation and foreclosure instruments</b> related to the subject matter of the petition	attached: <input type="checkbox"/>
7.2.4	<b>Additional documents supporting the petition:</b> <i>(Please list the attached additional documents.)</i>	

**150-D**

Name of petitioner as per point 1A.:

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Date of birth:

□	□	□	□	□	□	□	□
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**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 ....., .... day .....month ..... 201.... year

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

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

*\* I acknowledge that in the proceedings instituted on the basis of this petition, the Financial Arbitration Board will process my personal data stated in my petition – including my sensitive data potentially provided in this context – to the extent and for the time necessary for conducting the proceedings, and it may disclose them to third parties in complying with statutory obligations.*

*By signing this form, I consent to the Financial Arbitration Board processing my sensitive data potentially provided in addition to my personal data in the proceedings instituted on the basis of this petition, to the extent and for the time necessary for conducting the proceedings, and disclosing them to third parties in complying with statutory obligations.*

*I also acknowledge that if the data subject considers that the data processing did not comply with the statutory requirements, I have the option to initiate the proceedings of the Magyar Nemzeti Bank's internal data protection officer, or to bring the matter before court. In addition, an investigation may be initiated by filing a report to the National Authority for Data Protection and Freedom of Information on the grounds that there was an infringement in practising the rights related to the processing of personal data or there is imminent threat thereof.*