

EDUCATIONAL AUTHORITY
ACCREDITATION CENTRE FOR FOREIGN LANGUAGE EXAMINATIONS
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REQUEST FORM
RECOGNITION OF FOREIGN LANGUAGE EXAM CERTIFICATE

(Type or in capitals)

I would like to have my certificate recognised in Hungary.

| | |
|--|----------------------|
| Family name: | |
| First name: | |
| Place of birth: | Date of birth: |
| Mother's maiden name: | |
| Postal address: | |
| Phone number: | |
| E-mail address (mandatory if the recognition decision is picked up in person): | |

| Data of the foreign language certificate (please underline where necessary) | |
|--|--|
| Name of the exam: | |
| Issuing institution: | |
| Language of the exam: | |
| Level of the exam: | Threshold (B1) / Vantage (B2) / Proficiency (C1) |
| Category of the exam: | general / legal / business / medicine / other: |
| Type of the exam: | spoken / written / combined |
| Date of the exam: | |
| Place where the exam was taken: (country and city) | |
| Date of the certificate: | |

I have received all the information regarding recognition.

Budapest,

.....
signature

Please attach: 1 copy of the attested certificate,
 copy of the voucher/check
 authorization form signed by two witnesses if necessary