

**Contact Person Form
KELER CCP Ltd.
Risk KYC Questionnaire**

As representatives of the undersigned entity, we hereby state that KELER CCP Ltd. can register the contact person below for the completion of the Risk KYC Questionnaire and can send the registration link to the contact person. We confirm that the contact person below is responsible for completing the Risk KYC Questionnaire and can be contacted at the contact details below.

Company name:	
Name:	
Position:	
Phone number:	
Email address:	
The Questionnaire will be completed in this language:	<input type="checkbox"/> English <input type="checkbox"/> Hungarian (Only one language can be selected)

Place, date:.....

Authorized signatures:.....

Please send the completed form to the following e-mail address: kyc@kelerkszf.hu.