



Leniency Request for Penalty Fare Settlement

Name:.....
 Birth name:.....
 Address:.....
 Date, place of birth:.....
 Mother's name:.....
 Photo ID number:.....
 Address card number (Hungary):.....
 Date(s) of penalty fare:.....
 Identification number (case number or correspondence reference number):.....
 Amount of penalty fare (HUF):*.....
 Mobile phone number:.....

Reason for leniency request justified by a credible document:

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In case of a request for instalment, the acceptable duration and amount:

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By submitting my application, I acknowledge that

- BKK's competent decision maker will decide on the acceptance or rejection of my penalty fare leniency request within the framework of regulations in force;
- *The amount of the debt will be specified based on BKK's penalty fare register;
- The terms of assessment communicated via registered letter with acknowledgement shall be deemed to be a formal agreement between the parties;
- If I do not comply with the payment deadline(s) set out in the information letter on the assessment of the application, BKK requests the issuance of a payment order in order to collect the legitimate claims specified in the BKK Business Policy. In the case of penalty fares affected by a final payment order or court decision or submitted for enforcement, BKK cannot provide leniency;
- BKK registers and manages my personal data during the term of the claim;
- **The submission of the application does not guarantee an automatic exemption from the payment of the penalty fare due at the time of the submission nor does it guarantee deferred payment;**
- **If the request for leniency is rejected, the current penalty fare debt at the time of the rejection must be paid.**

Budapest, Day.....Month.....Year.....

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Signature of requestor/authorised**

For the substantive assessment of the application, all fields must be completed in full; and the documents supporting the application must be enclosed.

**In case of an authorised, an original and certified document signed by two witnesses is required.

Documents enclosed:

Postal address: BKK Zrt. 1241 Budapest, Pf. 200

e-mail: potdijkezeles@bkk.hu