

## REGISTRATION REQUEST FOR THE ONLINE CUSTOMER SERVICE (For Employer/Sponsor partners)

Alfa Önkéntes Nyugdíjpénztár (Alfa Voluntary Pension Fund) (H-1091 Budapest, Üllői út 1., hereinafter referred to as the Fund), in order to provide quick and professional service to its employer/sponsor partners, provides web-based customer service (hereinafter referred to as the Online Customer Service for Employers) under the conditions set out in its Statutes. The present request must be duly signed and received by the Fund for this service to be used.

### I. DATA OF THE EMPLOYER/SPONSOR

Company name:			
Seat:	<input type="text"/>	<input type="text"/>	
Mailing address:	<input type="text"/>	<input type="text"/>	
Tax ID number:	<input type="text"/>	- <input type="text"/>	- <input type="text"/>
Email address used for the Online Customer Service and/or E-post service:	<input type="text"/>		
Phone number:	<input type="text"/>		
Contact person:	<input type="text"/>		
Contact person's phone number:	<input type="text"/>		

I, the undersigned Employer/Sponsor, request the data provided to be verified against the records of the Fund and in case of any discrepancy the data in the records to be modified according to the data provided herein. I consent for the data provided in the present request to be processed by the Fund.

I, the undersigned Employer/Sponsor, hereby declare that

- ▶ in order for the obligation to provide monthly data for the booking of company contributions and/or individual membership fees and/or sponsor's donations to the Fund to be met and
- ▶ in order for the changes in company/employee data to be recorded – authorised on the online platform – I request the Fund to provide access to the contact person specified herein to enable the use of the services of the Online Customer Service for Employers.

#### Requesting E-post service

If E-post service is requested, mail prepared electronically – excluding statements that are required to be in writing – can be accessed by the Employer through the Online Customer Service, and the Fund sends a notification to the registered email address when a document is available.

**I hereby request the Fund to send our company the notifications regarding effective contracts and other information that it has so far sent via mail as electronic documents.**

### II. REGISTRATION

Registration is required for the use of the Online Customer Service for Employers, the conditions of which are as follows:

1. You must have a valid contract for employer's contribution and/or sponsor's donation with the Fund at the time of registration.
2. You must enter the data in Section I above on the online platform of the Fund or you must fully complete the present document and send it via mail to submit your request to use the service.
3. The Employer/Sponsor can send the present, duly signed request via mail (H-1399 Budapest, Pf. 717) or the electronically signed request via email to [nypugyfel@alfa.hu](mailto:nypugyfel@alfa.hu) to the Fund. The Fund processes the request within 3 working days upon receipt.

#### Verifying the registration and the data provided in the request, completing the registration

1. The Fund verifies the data provided in the present request against the information available in official records.
2. If all data provided – especially the signatory/signatories – are confirmed, the Fund sends a PIN code – to prevent unauthorised access – to the email address provided in Section I, thus the Employer must provide an email address where it can guarantee the confidential handling of the PIN code and can prevent access by unauthorised persons. **Once the PIN code is received by the Employer/Sponsor, the Employer/Sponsor is responsible for the protection of the code and the prevention of its unauthorised use.**
3. If the Employer/Sponsor meets all the eligibility criteria above, the registration can be completed on the [www.alfanyugdij.hu/munkaltatoiugyfelszolglat](http://www.alfanyugdij.hu/munkaltatoiugyfelszolglat) site by entering the partner code/tax identification number, the electronically received PIN code and the password the Employer/ Sponsor wishes to use. The password can be changed anytime after logging in. After that, only the selected ID and the password need to be entered to log in.

**Updating data**

The Employer/Sponsor must have a valid email address to be able to use the Online Customer Service for Employers. The Employer/Sponsor is responsible for providing an email address that ensures that only authorised persons can access the user account and the content of the notification received. In case of a forgotten password, the Fund sends a new, temporary password to the email address provided at registration, which must be changed after logging in.

The email address can be changed by submitting a duly signed change of data form.

**III. STATEMENT AND AUTHORISED SIGNATURE OF THE EMPLOYER/SPONSOR****I, the undersigned Employer/Sponsor, acknowledge that**

- the Online Customer Service for Employers platform is a part of the Fund's IT system where the data of fund members under the valid contract with the Employer/Sponsor, as recorded by the Fund, are accessible;
- the Fund excludes liability for damage resulting from use by unauthorised persons of the certification of the online platform of the Online Customer Service for Employers and of the secret password used for access;
- the platform of the Online Customer Service for Employers has a separate database;
- the use of the platform of the Online Customer Service for Employers is free of charge.

**I, the undersigned Employer/Sponsor, hereby declare that**

- I act as an authorised representative of the Employer/Sponsor;
- the Employer/Sponsor and the service provider performing outsourced HR-activities are authorised to process the personal data of fund members in employment or in other legal relationship for payroll and data provision purposes and are authorised to transfer these data to the Fund;
- once I am provided access, as Employer/Sponsor I wish to meet my data provision obligation with regard to employer membership contribution and/or individual membership fees and /or donations on the Online Customer Service for Employers;
- I have informed the contact person specified herein in accordance with data protection laws that their data will be transferred to Alfa Voluntary Pension Fund; the contact person has read and agreed to the data processing policy of the Fund ([www.alfanyugdij.hu/munkaltatoknak](http://www.alfanyugdij.hu/munkaltatoknak));
- I have read the provisions of the Statutes regarding the Online Customer Service for Employers and the information contained herein and I consider myself bound by it.

I have read and interpreted the present request and have signed it as it is in full accordance with my will.

Place and date: \_\_\_\_\_, 

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Authorised signature of the Employer/Sponsor:

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Name of the Employer/Sponsor in capitals or the company's stamp

X
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Signature of senior executive(s)

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Name of senior executive(s) (in capitals)

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Title of senior executive(s) (in capitals)

X
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Signature of senior executive(s)

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Name of senior executive(s) (in capitals)

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Title of senior executive(s) (in capitals)