MONEY MUSEUM
Hungarian Money Museum & Visitor Center

Research Permit for the Money Museum

Name[1]:
ID Document Number:
Passport Number[2]:
Permanent Address, Registered Office:
Phone:
Email:
Purpose of Research, Research Topic:
Name and Address of Researcher's Institution:

Aware of my legal responsibility, I hereby declare that the above information is true and accurate.

I undertake to comply with the provisions of applicable laws in the course of my research and use of the materials, with particular regard to data protection and copyright laws, as well as provisions set forth in the Money Museum's research regulations.

…....., 20……..

Signature of the researcher

(To be completed by the museum!)
Validity period of the research permit:
In which collection(s) will the research be conducted:
Name(s) of the curator(s):

Budapest, 20……..

PH Signature of the authorizing officer

[1]Name of the applicant (natural person or legal entity [representative])

[2] To be completed if the applicant is a non-Hungarian citizen