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| --- |
| **Application Form**  Applicant’s Name : |
| Date and place of birth : |
| Address for notification : |
| E-mail address : |
| Phone number : |

I declare that I have read the whole regulation of Motorist Great-Coalition’s “Autószektor Caricature Contest”.

I agree with the regulation and I accept it.

…………………………………

Applicant's Signature

Date: