



Consulate of Madagascar

to Hungary

1026-Budapest, Sövény utca 3.

INFORMATION FROM YOUR NATIONAL DRIVING PERMIT (PRINT)

NAME:

LAST NAMES: SEX: F/M

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY:

ADDRESS (ACTUAL):

.....

E-MAIL ADDRESS (PRINT)

E-MAIL 1:

E-MAIL 2:

PHONE :

TYPE OF REQUIRED DRIVING PERMIT

CATEGORIES: A B C D BE CE DE A1 B1 C1 C1E D1E

- **CHOOSE from aforementioned:**

- **CHECK duration of validation of the international permit:**

1 YEAR

2 YEARS

3 YEARS

MODALITY OF PAYMENT

CASH ONLY PLEASE

CURRENCY: EURO

By signing this application form I understand and will follow all city, state, government and international traffic regulations required by law and I acknowledge that I cannot drive anywhere without a permit. valid driver and that my international driving permit is not an autonomous driving permit; it must be accompanied by the original valid driving permit..

Put here your signature!

DON'T FORGET

1. To put your signature inside the rectangle.
2. To attach your photo (only one, size: 4 x 5 cm).
3. To attach one copy of your driving permit from your country of origin.

Date :