Registry number: **MTA BTK – KP/**

Financial topic number:

Debited project:

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# A S S I G N M E N T A G R E E M E N T

between the **Research Centre for the Humanities of the Hungarian Academy of Sciences** (residence: 1097 Budapest, Tóth Kálmán utca 4., represented by Pál Fodor Director General; its VAT number: 15300629-2-43, bank account number: 10032000-01738904), **hereinafter referred to as the Assigner**, and

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Birth name |  |
| Number of Identity Card |  | Nationality |  |
| Place of birth |  | Date of birth |  |
| Mother’s maiden name |  | Tax identification number |  |
| Social security number |  | Retirement registration number |  |
| Address |  | E-mail |  |
| Bank account number |  | Phone number |  |
| Name and address of his/her full-time employer |  | | |
| Education, qualifications, professional qualifications: |  | | |
| The Institute issuing the certificate of the foregoing studies: |  | | |
| Number of the document: |  | | |

**the hereinafter referred to as the Commissioner** with the following task:

1. Description of the task:

|  |
| --- |
|  |

1. Duration of the assignment:

|  |  |  |  |
| --- | --- | --- | --- |
|  | from |  | until |

1. Remuneration of the order (**fill in the appropriate section**):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fixed amount: |  | HUF | that is |  | forints |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Normative |  | page |  | copy |  | sheet |  | pieces |  | other |
| Per unit |  | | HUF | total |  | | | | forints | |

1. The Assigner acknowledges that the amount of this commission fee, as set out in the legislation, is subject to personal income tax, health insurance, and pension contribution. which is(are) deducted by the payer from the amount of the commission fee before payment, and settle up with the competent authority. The amount of the commission fee, after confirming the completion, is paid by bank transfer by the Assigner within the deadline of 15 calendar days, into the bank account given by the Commissioner.
2. Head of the project or/and another person authorized to confirm the completion:

..…………………………………………………………………………………..

Budapest,………………………………20……….

………………………. ………………………….. ………………………. ……………………

|  |  |  |  |
| --- | --- | --- | --- |
| signature of the settlor | signature of the head of the project | countersignature and its date | signature of the commissioner |
|  |  |  |  |

**COMPLETION CERTIFICATE**

The undersigned ...............................................................................................certify the professional performance. The completion of the task……………………………………………. in accordance with the contract concluded on ........................................................................20…… was fulfilled. The amount of the fee: HUF…………...........................spcified in the contract referred to is payable.

Budapest, day……... month…………... year 20…….

…………………………………..

signature of the

person certifying completion