

## ORSZÁGOS IDEGENRENDÉSZETI FŐIGAZGATÓSÁG



## **Application for Residence Permit**

For completion by the authority. Authority receiving the application:	Automated case No.:  _ _ _ _ _ _				
		_	1		
Date of acceptance of the application:					
year month day					
$\square$ First residence permit		Facial photographs			
entry border crossing point:					
date of entry:					
year month day (to be completed if application is made in Hungary)					
☐ Extension of residence permit					
	[Handw	ritten signature specimen o	of applicant		
		(legal representative)]			
Residence permit number:	Signatur	e must be inside the box in	its entirety.		
validity: year month day					
Delivery of document:					
Applicant requests delivery of the document <b>by way of pos</b>	s <u>t</u> . E-mail	address:			
Applicant will collect the document at the <b>issuing authorit</b>	<u>y</u> . Phone	number:			
			J		
1. Personal data of the applicant					
surname (as shown in passport):	forename (as show	wn in passport):			
surname by birth:	forename by birth:				
mother's surname and forename at birth:	sex:	marital status:			
	male [	= ~ =	narried ivorced		

date of birth:	place of	birth (locali	cality):		country:		
year month	day						
citizenship:		e	ethnicity (	not manda	itory):		
professional skills:	educatio	nal attainme	ent:		Employment befo	re arriving to	Hungary:
	prim	primary secondary					
	tertia	ıry	·				
2. Details of the applicant's pa	assport:						
Passport No.:		p	place and	date of iss	ue:		
		(	place)		year	month	day
type:		v	validity p	eriod:			
☐ private passport☐ service passport☐ other			yea	ır n	nonth day		
		· · · · · · · · · · · · · · · · · · ·					
3. Details of the applicant's pla		tion in Hung	gary				
land register reference number:	locality:		name of public place:				
postal code:							
type of public place: building	number: building	: b	olock:		floor:	door:	
legal title of residence in the pla	ace of accommoda	tion:				П	
owner tenant family m	nember 🗌 complen	nentary acco	mmodati	on $\square$ othe	er specifically:		
owner tenant training in	iember 🗀 compien	icitary acco	iiiiiodati		r, specificany.		
4. Comprehensive sickness insu							
Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?							
☐ under employment ☐ I have sufficient financial resources to cover the costs ☐ thave comprehensive sickness insurance cover ☐ other, specifically:							
no							
5. Return or onward journey conditions  When your right of lawful residence expires, which the country will be your  Means of transport?							
destination for your return or onward journey?							
Do you have the necessary	passport?	visa?	tie	cket?	sufficient fin	ancial	
	□yes □no	□yes □no	o	lyes □no	resources?	nt:	□no

6. Dependent spouse,	children, parent of th	e applicant		
name/relationship:	place and date of birth:	nationality:	legal title of residence:  visa  residence permit  interim permanent residence permit  EC permanent residence permit  other	□long-term visa □permanent residence permit □national permanent residence permit □immigration permit □EU Blue Card Number of residence document: □not residing in Hungary
name/relationship:	place and date of birth:	nationality:	legal title of residence:  visa residence permit interim permanent residence permit EC permanent residence permit other	□ long-term visa □ permanent residence permit □ national permanent residence permit □ immigration permit □ EU Blue Card Number of residence document: □ not residing in Hungary
name/relationship: 7. Miscellaneous inform	place and date of birth:  mation:	nationality:	legal title of residence:  visa  residence permit  interim permanent residence permit  EC permanent residence permit  other	□ long-term visa □ permanent residence permit □ national permanent residence permit □ immigration permit □ EU Blue Card Number of residence document: □ not residing in Hungary
Permanent or usual ple Country: Locality:		e arriving to Hung	ary:	
Name of public place:				

Do you have a document evidencing right of residence in another Sche	ngen Member S	State? 🗌 ye	es 🗌 no	
Type and number of permit:	validity:	year	month	day
Have you ever had an application for residence permit rejected previo  yes no Have you ever been sentenced for a crime before? If yes, in which cousentence? yes no	•	for what cr	ime, and wha	t was you
Have you ever been expelled from Hungary, if yes, when?				
year month day  To your knowledge, do you have any contagious disease that requires B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious fevers?  yes no  If you suffer from any of the diseases specified above, or if contagious compulsory and regular treatment with regard to the said diseases?  yes no	s agent of HIV,	hepatitis B,	typhoid or pa	ratyphoid
8. I hereby declare that my minor child shown in my passport is travell ☐yes ☐no	ing with me to	Hungary.		
Attention! If your minor child shown in your passport is travelling wit with your application.	h you to Hunga	ry, Append	ix A need to b	e enclosed
9. Planned duration and reasons of stay Until when do you wish to have the right of residence?  year	month	day		
I hereby declare that the purpose of my stay in Hungary is:				
☐ Job-searching or entrepreneurship (Appendix 1) ☐ Family reunification (Appendix 2) ☐ EU Blue Card (Appendix 3) ☐ Traineeship (Appendix 4) ☐ Medical treatment (Appendix 5) ☐ Official (Appendix 6) ☐ Gainful activity (Appendix 7) ☐ Research or researcher mobility (long-term) (Appendix 8) ☐ Visit (Appendix 9) ☐ Employment (Appendix 10) ☐ National (Appendix 11) ☐ Voluntary service activities (Appendix 12) ☐ Seasonal work (Appendix 13) ☐ Studies or student mobility (Appendix 14) ☐ Intra-corporate transfer (Appendix 15) ☐ Other, specifically: (Appendix 16)				

I hereby declare that the information in the application and in the enclosed Appendix(es) is true and correct. I understand that if the application contains any false information it shall be refused.				
Date:				
(signature)				
I hereby undertake the commitment to leave the territory of Member State of the European Union on my own accord if my				
application for residence permit is definitively refused. (to be completed if application is made in Hungary)				
Deter				
Date:				
Transaction number of payment if made by electronic payment instrument or by bank deposit:				
For completion by the authority				
If the application is approved				
The applicant's stay in Hungary for the purpose of is hereby authorized until year month day.				
Date:				
(signature, stamp)				
Number of residence permit issued:				
I have received the residence permit.				
Date:				
(signature of applicant)				
In the case of renewal, number of residence permit withdrawn:				
in the case of renewal, number of restaurate permit wallstawn.				
If the application is refused				
Number of the resolution on refusal:				
Date of refusal:year month day				
Legal basis for refusal:				
If the proceeding is terminated				
Number of decision on termination:				
Date of decision:year month day				
Legal basis of the decision:				



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## APPENDIX "A" Particulars of the applicant's minor child travelling with the applicant, shown in his/her passport

For completion by the authority. Authority receiving the application:	Automated case No.:   _   _   _   _   _
Time of acceptance of the application: year month da	Facial photograph
☐ First residence permit	
entry border crossing point:(to be completed if application is made in Hungary)	
date of entry: year month da (to be completed if application is made in Hungary)	y .
☐ Extension of residence permit  Residence permit number and validity:	[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.
year month	
1. Personal data of minor child	
surname (as shown in passport):	forename (as shown in passport):
surname by birth:	forename by birth:
mother's surname and forename at birth:	sex: citizenship:  male female
date of birth: place of bi	th (locality): country:

2. Details of th	e min	or child's place of	f accommodation in	Hungary			
postal code:	loca	lity:			name of public place:		
type of public pl	lace:	building number:	building:	block:		floor:	door:
		ce in the place of ac					.1
owner ten	iant L	☐ family member ☐	complementary acc	commodation	on U other	, specifically:	
3. Miscellaneou	us inf	ormation:					
	hilis,	leprosy, typhoid fo				treatment, such as HIV s agent of HIV, hepatiti	
			seases specified abov nent with regard to t			a carrier of infectious o	liseases, do you
			For complete	tion by the	authority		
			If the appli	-	•		
The applicant's	stay	in Hungary for the 1				thorized until yea	r month day.
Date:			•••				
					(cionoturo c	toma)	
Number of resid	dence	nermit issued:			(signature, s	stamp)	
		esidence permit.					
Dutc					gnature of a		
In the case of re	onews	al number of reside	ence permit withdraw		illature or a	ррпсан <i>)</i>	
In the case of renewal, number of residence permit withdrawn:							
			If the appl	lication is 1	efused		
Number of the r	resolu	ition on refusal:					
Date of refusal:		year mont	th day				
Legal basis for	refusa	al:					
			If the procee	eding is ter	minated		
Number of decis	sion o	n termination:					
Date of decision	ı:	year mon	ıth day				
Legal basis of th	ie dec	ision:					