

## ORSZÁGOS IDEGENRENDÉSZETI FŐIGAZGATÓSÁG



## **Application for Residence Permit**

For completion by the authority.				
Authority receiving the application:				
Data of acceptance of the application.				
Date of acceptance of the application:				
year month day				
☐ 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				
	[Handwritten signature specimen of applicant			
	(legal representative)]			
Residence permit number:	Signature must be inside the box in its entirety.			
validity: year month day				
Delivery of document:	at.			
Applicant requests delivery of the document <b>by way of po</b>	<u>st</u> .			
Address of postal delivery:  residence of applicant postal				
Applicant will collect the document at the <b>issuing authori</b>	ty. Phone number: E-mail address:			
1. Personal data of the applicant				
surname (as shown in passport):	forename (as shown in passport):			
surname by birth:	forename by birth:			
mother's surname by birth:	mother's forename by birth:			
cov•	marital ctatus			

☐ male ☐ female					single widov		married divorced	
date of birth:		place of birth (locality):			country:			
year month	day							
citizenship:		•	ethnicity	(not manda	atory):			
professional skills:		educational attair	nment:		Emp	loyment befor	re arriving to	Hungary:
		primary se	condary					
		tertiary						
2. Details of the applicant's pa	assport:							
Passport No.:			place an	d date of iss	sue:			
			(place)			year	month	day
type:			validity	period:				
private passport service p			y	ear 1	nonth	day		
diplomatic passport other								
3. Details of the applicant's pl	ace of acc	commodation in H	ungary					
land register reference	locality		- 6 V	name of	public	place:		
number:								
postal code:								
postar code.								
type of public place: building	number:	building:	block:		floor	:	door:	
legal title of residence in the place of accommodation:								
owner tenant family r	nember [	complementary a	ccommoda	tion 🗌 othe	er, spec	ificallv:		
owner tenant family member complementary accommodation other, specifically:								
4. Comprehensive sickness insurance cover  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								
I have comprehensive sickness insurance cover other, specifically:								
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	t? visa?	1	ticket?		sufficient fina	ancial	
	□yes □	]no	$\neg_{\mathrm{no}}$ $\mid$ $\lceil$	]yes □no		resources?	nt:	□no

6. Dependent spouse, children, parent of the 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:	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			
Permanent or usual place Country: Locality:		re arriving to Hunş	gary):				
Name of public place:							

Do you have a document evidencing right of residence in another Sche	engen Member	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	ıt was you
Have you ever been expelled from Hungary, if yes, when?  yes no 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	aratyphoid
8. I hereby declare that my minor child shown in my passport is travellyesno				
Attention! If your minor child shown in your passport is travelling wit with your application.	th you to Hunga	ary, Append	ix A need to b	oe 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) □ Employment (Appendix 9) □ National (Appendix 10) □ Voluntary service activities (Appendix 11) □ Seasonal work (Appendix 12) □ Studies or student mobility (Appendix 13) □ Intra-corporate transfer (Appendix 14) □ Other, specifically: (Appendix 15) □ White Card (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)
Date:(signature)
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:
If the application is refused
Number of the resolution on refusal:
Date of refusal: wear 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:



## ORSZÁGOS IDEGENRENDESZETI FŐIGAZGATÓSÁG



## 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	Automated case No.:   _   _   _   _   _   _				
Time of acceptance of the application:						
year month d	ay	Facial photograph				
☐ First residence permit						
entry border crossing point:						
date of entry: year month d (to be completed if application is made in Hungary)	lay					
☐ Extension of residence permit	[Han	[Handwritten signature specimen of applicant				
Residence permit number and validity:	Signa	(legal representative)] Signature must be inside the box in its entirety.				
year mon	th day					
1. Personal data of minor child						
surname (as shown in passport):	forename (as si	forename (as shown in passport):				
surname by birth:	forename by bird	forename by birth:				
mother's surname and forename at birth:	sex:   male   female	citizenship:				
date of birth: place of b	oirth (locality):	country:				
year month day						

2. Details of the minor child's place of 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				L	- <b>L</b>
owner ten	ant L	family member _	complementary acc	commodatio	on  other	, specifically:	
3. Miscellaneo	us inf	ormation:					
	hilis,	leprosy, typhoid fo				treatment, such as HIVs agent of HIV, hepatit	
			eases specified abov nent with regard to t			a carrier of infectious of	diseases, do you
			For complet	tion by the	authority		
			If the appli	ication is a	pproved		
The applicant's	stay	in Hungary for the p	purpose of family reu	nification i	s hereby au	thorized until yea	ur month day.
Date:							
				(	signature, s	tamp)	
Number of resid	dence	permit issued:					
I have received	the re	esidence permit.					
Date:							
				(sig	gnature of a	pplicant)	
In the case of renewal, number of residence permit withdrawn:							
			If the appl	ication is r	efused		
Number of the i	•ecolu	ution on refusal:	т тыс аррг		Cluscu		
			h day				
Date of refusal:year month day							
Legal basis for refusal:							
If the proceeding is terminated							
Number of decision on termination:							
		year mon	ith day				
Legal basis of the decision:							
Legal basis of the decision:							