Appendix no. 9.10



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

**APPENDIX to an application form for a residence permit**

***(*Intra-corporate transfer and long-term intra-corporate mobility*)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete the form legibly, In LATIN block letters.** | | | | | | | | | | | | | | | |
| □ **Issuance of a residence permit for the purpose of intra-corporate transfer** | | | | | | | | | | | | | | |
| □ **Issuance of a permit for long-term mobility:**  Border crossing point as place of entry, date of entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ............... year...........month ...... day  First Member State of residence for the purpose of intra-corporate transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Document number and date of expiry of the residence permit document issued by the first Member State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, …….year …..month ….day | | | | | | | | | | | | | | |
| **The application is submitted:**  by the client,  via an employer  **Delivery of the document if the application is submitted via an employer:**  (The employer will receive the document **by way of post**.)  The official contact address of the employer:  Place of establishment (i.e. registered address) of the employer:  **Place of receipt of the visa in case of an application of a third-country national staying abroad, submitted via an employer:**  **country:**       **town/city** | | | | | | | | | | | | | | | |
| **Telephone number:** | | | | | | | | | | | | | | | |
| **Email address:** | | | | | | | | | | | | | | | |
| **1. Information about means of subsistence in Hungary** | | | | | | | | | | | | | | | |
| **amount of expected income from employment:** | | | | | | | | | **taxable income in Hungary for the previous year:** | | | | | | |
| **amount of savings held available:** | | | | | | | | | **other additional income/properties or assets as means of subsistence:** | | | | | | |
| **Information required for conducting a single permit procedure** | | | | | | | | | | | | | | |
| **2. Particulars of the Hungarian host entity:** | | | | | | | | | | | | | | |
| **name:** | | | | | | | | | | | | | | |  |
| **place of establishment (i.e. registered address):** | | | | | | | | | | | | | | |  |
| **postal code:** | | **locality:** | | | | | | | **name of the public place:** | | | | | |
| **type of the public place (i.e. street, road, square, etc.):** | | | **street number:** | | **building:** | | **stairway:** | | | **floor:** | | | | **door:** |
| **Employer’s tax number**  **/ tax identification code:** | | | | | **KSH number (no. recorded by the Hungarian Central Statistical Office:** | | | | | **TEÁOR number (Hungarian NACE number):** | | | | |
| **3. Particulars of the business/group of businesses or undertakings established in a third country:** | | | | | | | | | | | | | | |
| Name: | | | | | | Registered address (country, locality): | | | | | | | | |
| **4. Position to be filled within the framework of intra-corporate transfer:**  Manager  Specialist  Trainee | | | | | | | | | | | | | | |
| **5. Duration and place of intra-corporate transfer within the territory of the European Union:**  Name of the first Member State and planned duration of stay:  Name of the second Member State and planned duration of stay:  Name of additional Member States and planned duration of stay: | | | | | | | | | | | | | | |
| **6. Professional qualification(s) required for the position:** | **7. Educational attainment:**  primary school  specialised school  vocational school  secondary grammar school  vocational secondary school  technician education establishment  college  university  finished less than 8 school years in primary school | | | | | | | | | | **8. Occupation before arriving in Hungary:** | | | |
| **9. Prior to the intra-corporate transfer, duration of employment relationship with a business or group of businesses/undertakings established in a third country:** | | | | | | | | | | | | | **10. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):** | |
| **11. Place(s) of work:**  Will you perform your employment at one single work-site?  yes no  If yes:        (postal code)        (address) | | | | Does the nature of the work require that your work-site is located in various counties?  yes     no  If yes, starting place (address) of work:        (postal code)        (address) | | | | | | | | Will you work on various premises of the employer (located in different counties)?    yes no | | |
| **12. The applicant’s skills and knowledge required for the position:**  The period of professional experience relevant to the position to be filled:  Specific knowledge and skills related to the job to be performed:  **Language skills**  Native language:  Other language(s):  **Do you speak Hungarian?**  yes  no  **Have you ever worked in Hungary before?** yes  no  If yes, previous Hungarian employer’s name and address: | | | | | | | | | | | | | | |
| **INFORMATION NOTICE**  ***During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.*** | | | | | | | | | | | | | | | | | |