



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



Application form for a residence permit

<p><i>For completion by the authority.</i></p> <p>The authority receiving the application: _____</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Area designated for the placement of a facial photograph</p> </div> <div style="border: 1px solid black; width: 250px; height: 40px; margin: 20px auto;"></div> <p>[Handwritten signature specimen of the applicant (legal representative)]</p> <p>The signature must be inside the box in its entirety.</p>
<p>Date of receipt of the application: _____ year _____ month _____ day</p>	

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

<input type="checkbox"/>	<p>First time issuance of a residence permit: Border crossing point as place of entry, date of entry: _____, _____ year month day</p>	
<input type="checkbox"/>	<p>Extension of a residence permit: Document number of the residence permit, date of expiry: _____, _____ year month day</p>	

Telephone number:	Email address:
--------------------------	-----------------------

Delivery of the document (in case the application is submitted by the applicant, unless the application is for a residence permit for the purpose of training or for a residence permit for the purpose of studies):

The applicant requests delivery of the document **by way of post**.
 Postal delivery address: place of accommodation of the applicant contact address of the attorney-in-fact

<input type="checkbox"/> The applicant will collect the document at the issuing authority.					
1. Personal data of the applicant					
surname (as shown in the passport):			forename (as shown in the passport):		
surname at birth:			forename at birth:		
mother's surname at birth:			mother's forename at birth:		
sex: <input type="checkbox"/> male <input type="checkbox"/> female		marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> widow(er) <input type="checkbox"/> married <input type="checkbox"/> divorced			
date of birth: year month day		place of birth (locality):		country:	
citizenship:			nationality/ethnicity (nonmandatory data):		
professional qualification(s):		educational attainment: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> tertiary		occupation before arriving in Hungary:	
2. Particulars of the applicant's passport					
passport number:		date and place of issuance: year month day,			
passport type: <input type="checkbox"/> ordinary <input type="checkbox"/> service/official <input type="checkbox"/> diplomatic <input type="checkbox"/> other			date of expiry: year month day		
3. Particulars of the applicant's place of residence in Hungary					
parcel identification/land register reference number (topographical LOT no.):	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:
legal title of residence in the place of accommodation: <input type="checkbox"/> owner <input type="checkbox"/> (sub)tenant <input type="checkbox"/> family member <input type="checkbox"/> courtesy user of accommodation <input type="checkbox"/> other, specifically:					
4. Condition of full health insurance					
Do you have full health insurance for the duration of your stay in Hungary?					
<input type="checkbox"/> based on an employment relationship		<input type="checkbox"/> I have funds to cover the costs			
<input type="checkbox"/> I have full health insurance		<input type="checkbox"/> other, specifically:			
5. Conditions for return or onward travel					
When your legal stay expires, which country will you return or travel onwards to?			By which means of transport?		
Do you have the necessary	passport? <input type="checkbox"/> yes <input type="checkbox"/> no	visa? <input type="checkbox"/> yes <input type="checkbox"/> no	ticket(s)? <input type="checkbox"/> yes <input type="checkbox"/> no	financial coverage? <input type="checkbox"/> yes, amount: <input type="checkbox"/> no	
6. Applicant's dependent spouse, child, parent					
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit	

			permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> interim residence card <input type="checkbox"/> EU residence card <input type="checkbox"/> national residence card <input type="checkbox"/> other, specifically:	<input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Residence document number: <input type="checkbox"/> does not reside in Hungary
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> interim residence card <input type="checkbox"/> EU residence card <input type="checkbox"/> national residence card <input type="checkbox"/> other, specifically:	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Residence document number: <input type="checkbox"/> does not reside in Hungary
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> interim residence card <input type="checkbox"/> EU residence card <input type="checkbox"/> national residence card <input type="checkbox"/> other, specifically:	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Residence document number: <input type="checkbox"/> does not reside in Hungary
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> interim residence card <input type="checkbox"/> EU residence card <input type="checkbox"/> national residence card <input type="checkbox"/> other, specifically:	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Residence document number: <input type="checkbox"/> does not reside in Hungary

7. Other details

Permanent or habitual place of residence (prior to your arrival in Hungary):

Country:

Locality:

Name of the public place:

Are you a holder of a valid residence permit document in another Schengen Member State? yes no

type and number of the permit:

date of expiry: year month day

Have you ever had a rejected application for a residence permit before?

yes no

Have you ever been sentenced for a crime before? If yes, in which country and when, for what crime, and what was your punishment, sentence?

yes no

Have you ever been expelled from Hungary, if yes, when?

yes no

year month day

To your knowledge, do you have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in your body?

yes no

If you suffer from any of the diseases specified above, or if you are contagious or a carrier of infectious disease pathogens, do you receive compulsory and regular medical treatment with regard to the said diseases?

yes no

8. I hereby declare that the minor child of mine indicated in my passport is travelling to Hungary together with me.

yes no

Please note that if your minor child indicated in your passport is travelling to Hungary together with you, Appendix "A" must be attached to/enclosed with your application.

9. Planned duration of stay and reasons

Until when are you applying for a residence permit? year month day

I hereby declare that the reason for my stay in Hungary is:

- Guest self-employment (Appendix no. 9.2)
- Guest investor (Appendix no. 9.3)
- Seasonal employment (Appendix no. 9.4)
- Employment for the purpose of investment (Appendix no. 9.5)
- Employment (Appendix no. 9.6)
- Residence permit for guest workers (Appendix no. 9.7)
- Hungarian Card (Appendix no. 9.8)
- EU Blue Card (Appendix no. 9.9)
- Intra-corporate transfer (Appendix no. 9.10)
- Research or (long-term) mobility of researchers (Appendix no. 9.11)
- National Card (Appendix no. 9.12)
- Pursuing studies or student mobility (Appendix no. 9.13)
- Seeking a job or starting a business (Appendix no. 9.14)
- Training (Appendix no. 9.15)
- Traineeship (Appendix no. 9.16)
- Official (Appendix no. 9.17)
- White Card (Appendix no. 9.18)
- Posted work (Appendix no. 9.19)
- Medical treatment (Appendix no. 9.20)
- Voluntary service (Appendix no. 9.21)
- Residence permit for reasons of Hungarian national interest (Appendix no. 9.22)
- Family reunification (Appendix no. 9.23)

10. I hereby declare that all data indicated in this application and in the appendix/appendices attached/enclosed are true and correct. I understand that submission of false data or information shall result in the refusal of the application.

Date:

Signature:

11. I hereby declare that I undertake voluntarily departure from the territory of the Member States of the European Union in case a final decision is made on my application case for a residence permit. (to be completed if the application is submitted in Hungary)

Date:

Signature:.....

12. I undertake to leave the territory of the Member States of the European Union and other Schengen States within 8 days of the date on which my residence permit ceases to be valid.

In this context, I declare that I am going to undertake voluntary departure and fulfil my obligation to leave to as a country which is considered a safe country of origin or a safe third country for me, where I will not be at risk of persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion, or as defined in Article XIV(3) of the Fundamental Law of Hungary.

The country of expulsion is:

a state where I have my habitual place of residence and that I am allowed to enter with the following permit:

type and number of the permit: _____ ,

the/a state of my citizenship,

a state that I am allowed to enter with the following permit:

type and number of the permit: _____ ,

It is known to me that if I do not comply with the provisions of the decision of expulsion by the deadline specified in the decision, the immigration authority will carry out the expulsion under law enforcement escort and impose a ban on my entry and stay.

Date:

Signature:

Transaction number of payment if made by an electronic payment instrument or by a bank deposit:

For completion by the authority.

If the application is approved

I hereby approve the applicant's residence in Hungary for the purpose of _____ until _____ year _____ month ____ day.

Date:

Signature, stamp:

Document number of the residence permit issued and handed over: _____

I received the residence permit.

Date:

Signature of the applicant:

In case of extension, the document number of the residence permit withdrawn: _____

If the application is refused

Number of the resolution on refusal: _____

Date of the refusal: _____ year _____ month ____ day

Legal basis of the refusal:

If the procedure is terminated

The number of the decision of termination: _____

Date of the decision: _____ year _____ month ____ day

Legal basis of the decision: _____