

**Application for Residence Permit**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***For completion by the authority.***  **Authority receiving the application:** | Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ | | | | | |
|  |  | | | | | |
| **Date of acceptance of the application:**     |  | | --- | | \_\_\_\_\_\_ year \_\_\_\_\_\_ month\_\_\_\_ day | |  | |  |  | | |
| □ **First residence permit**  **entry border crossing point:**  **date of entry:**  \_\_\_\_\_\_ year \_\_\_\_\_\_ month\_\_\_\_ day  (to be completed if application is made in Hungary) |  | | Facial photographs |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  |  |  |  |  | |
|  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
| □ **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:**  Applicant requests delivery of the document **by way of post**. **E-mail address**:  Applicant will collect the document at the **issuing authority**. **Phone number**: | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 and forename at birth:** | | | | **sex:**  male  female | | **marital status:**  single  widow(er) | | married  divorced | | |
| **date of birth:**          **year       month**       **day** | | | place of birth (locality): | | | | country: | | | |
| **citizenship:** | | | | ethnicity (not mandatory): | | | | | | |
| **professional skills:** | | | educational attainment:  primary secondary  tertiary | | | | **Employment before arriving to Hungary:** | | | |
|  | | | | | | | | | |
| **2. Details of the applicant’s passport:** | | | | | | | | | | |
| **Passport No.:** | | | | place and date of issue:  (place)             year       month       day | | | | | | |
| **type:**  private passport service passport   diplomatic passport  other | | | | **validity period:**  **year       month       day** | | | | | | |
|  | | | | | | | | | |
| **3. Details of the applicant’s place of accommodation in Hungary** | | | | | | | | | | |
| **land register reference number:**  **postal code:** | | **locality:** | | | **name of public place:** | | | | | |
| type of public place: | building number: | | building: | block: | | | floor: | | door: | |
| **legal title of residence in the place of accommodation:**    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: |
| no |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. Return or onward journey conditions** | | | | | | |
| **When your right of lawful residence expires, which the country will be your destination for your return or onward journey?** | | | | Means of transport? | | |
| **Do you have the necessary** | **passport?**    yes no | **visa?**    yes no | **ticket?**    yes no | | **sufficient financial resources?**  yes, amount: | no |

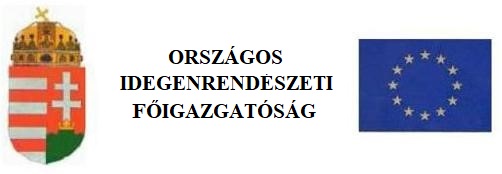
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6. Dependent spouse, children, parent of the applicant** | | | | |
| **name/relationship:** | place and date of birth: | nationality: | legal title of residence: visa  residence permit interim permanent residence permit  EC permanent residence permit  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 |
| **7. Miscellaneous information:** | | | | |
| **Permanent or usual place of residence before arriving to Hungary:**  Country:  Locality:  Name of public place: | | | | |

|  |  |
| --- | --- |
| **Do you have a document evidencing right of residence in another Schengen Member State?**  yes  no  **Type and number of permit:** **validity:       year       month      day** | |
|  | |
| **Have you ever had an application for residence permit rejected previously?**  yes no | |
| **Have you ever been sentenced for a crime before? If yes, in which country and when, for what crime, and what was you 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 contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?**  yes no | |
| **If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?**  yes no | |
| **8. I hereby declare that my minor child shown in my passport is travelling with me to Hungary.**  yes no   |  | | --- | | **Attention! If your minor child shown in your passport is travelling with you to Hungary, Appendix A need to be enclosed with your application.** | | |
| **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) | |
| 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: \_\_\_\_\_\_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: |



**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\_\_\_\_ day | |  | | | |  |  | | |
|  | | | |  |  | | |
|  | | | | Facial photograph |  | | |
| □ **First residence permit** | |  | | | |  |  | | |
|  | |  | | | |  |  | | |
| **entry border crossing point: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | |  | |  |  |  | |
| (to be completed if application is made in Hungary) | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
| **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 and validity:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_ year \_\_\_\_\_\_ month\_\_\_\_ day | |  | | Signature must be inside the box in its entirety. | | | |  | |
|  | | | | | | | | |  | | **......... year ........ month........ day** | |
| **1. Personal data of minor child** | | | | | | | | | |  | | (to be completed if application is made in Hungary) | |
| **surname (as shown in passport):** | | | **forename (as shown in passport):** | | | | | | |
| surname by birth: | | | forename by birth: | | | | | | |
| mother’s surname and forename at birth: | | | sex:  male  female | | **citizenship:** | | | | |
| **date of birth:**  **year       month       day** | place of birth (locality): | | | | | country: | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Details of the minor child’s place of accommodation in Hungary** | | | | | | | |
| **postal code:** | **locality:** | | | | name of public place: | | |
| type of public place: | | building number: | building: | block: | | floor: | door: |
| **legal title of residence in the place of accommodation:**  owner  tenant  family member  complementary accommodation  other, specifically: | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Miscellaneous information:** | | | |
| **To your knowledge, does your child have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?** yes no | | | |
| **If the child suffers from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?**  yes no | | | |
|  | | |
| ***For completion by the authority*** | | | |
| **If the application is approved** | | | |
| The applicant’s stay in Hungary for the purpose of family reunification 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: \_\_\_\_\_\_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: |