



ORSZÁGOS
IDEGENRENDESZETI
FŐIGAZGATÓSÁG



Application for Residence Permit

<i>For completion by the authority.</i> Authority receiving the application:	
Date of acceptance of the application: _____ year _____ month _____ day	
<input type="checkbox"/> First residence permit entry border crossing point: date of entry: _____ year _____ month _____ day (to be completed if application is made in Hungary)	Facial photographs
<input type="checkbox"/> Extension of residence permit Residence permit number: _____ validity: _____ year _____ month _____ day	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>

Delivery of document: <input type="checkbox"/> Applicant requests delivery of the document by way of post. Address of postal delivery: <input type="checkbox"/> residence of applicant <input type="checkbox"/> postal address of representative <input type="checkbox"/> Applicant will collect the document at the issuing authority. 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:
sex:	marital status:

6. Dependent spouse, children, parent of the applicant

name/relationship:	place and date of birth:	nationality:	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"/> other <input type="checkbox"/> long-term 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 Number of residence document: <input type="checkbox"/> not residing in Hungary
name/relationship:	place and date of birth:	nationality:	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"/> other <input type="checkbox"/> long-term 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 Number of residence document: <input type="checkbox"/> not residing in Hungary
name/relationship:	place and date of birth:	nationality:	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"/> other <input type="checkbox"/> long-term 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 Number of residence document: <input type="checkbox"/> 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 your 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)
- 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: _____ 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**

<p><i>For completion by the authority.</i> Authority receiving the application:</p> <hr/> <p>Time of acceptance of the application: _____ year _____ month _____ day</p> <p><input type="checkbox"/> First residence permit</p> <p>entry border crossing point: _____ <small>(to be completed if application is made in Hungary)</small></p> <p>date of entry: _____ year _____ month _____ day <small>(to be completed if application is made in Hungary)</small></p> <p><input type="checkbox"/> Extension of residence permit</p> <p>Residence permit number and validity: _____ year _____ month _____ day</p>	<p>Automated case No.: _ _ _ _ _ _ _ _ _ _ </p> <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; padding: 10px;"> <p>Facial photograph</p> </div> <div style="border: 1px solid black; width: 400px; height: 60px; margin: 20px auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>
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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: <input type="checkbox"/> male <input type="checkbox"/> 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: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically:					

3. Miscellaneous information:
<p>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? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>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? <input type="checkbox"/> yes <input type="checkbox"/> no</p>

<p><i>For completion by the authority</i></p> <p>If the application is approved</p> <p>The applicant's stay in Hungary for the purpose of family reunification is hereby authorized until ____ year ____ month ____ day.</p> <p>Date:</p> <p style="text-align: right;">..... (signature, stamp)</p> <p>Number of residence permit issued: _____</p> <p>I have received the residence permit.</p> <p>Date:</p> <p style="text-align: right;">..... (signature of applicant)</p> <p>In the case of renewal, number of residence permit withdrawn: _____</p>

If the application is refused
<p>Number of the resolution on refusal:</p> <p>Date of refusal: ____ year ____ month ____ day</p> <p>Legal basis for refusal:</p>
If the proceeding is terminated
<p>Number of decision on termination:</p> <p>Date of decision: ____ year ____ month ____ day</p> <p>Legal basis of the decision:</p>