Appendix no. 9.23



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

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

**(Family reunification)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Particulars of the applicant’s host family member** | | | | | | |
| surname:: | | | | forename: | | |
| surname at birth: | | | | forename at birth: | | |
| date of birth:        year       month       day | place of birth (country, locality):                           , | | | | | |
| citizenship: | degree of relationship:  parent  spouse   person under the guardianship of the applicant  child or a more distant descendant of the applicant  other, specifically: | | | | | |
| **If the host family member is a third-country national, the legal title of residence of the host family member is his/her:** | | | | | | |
| residence permit  EU Blue Card  immigration permit  permanent residence permit | | interim permanent residence permit  national permanent residence permit  EC permanent residence permit | | | | interim residence card  national residence card  EU residence card  refugee status |
| **Document number and date of expiry of the residence permit of the host family member:** **,**      year      month      day | | | | | | |
| **Document number and date of expiry of the personal identification document of the host family member issued by a Hungarian authority (if (s)he is a holder of such a document):                          ,**      year      month      day | | | | | | |
| **2. Information about means of subsistence in Hungary** | | | | | | |
| **Who will provide for the means of subsistence of the applicant?**  a family member  the applicant himself/herself | | | amount of **savings held available by the family member:** | | amount of **savings held available by the applicant:** | |
| **the family member’s employer (name, place of establishment (i.e. registered address)):**                          , | | | | | **the family member’s gross monthly income:** | |
| **the** **applicant’s employer (name, place of establishment (i.e. registered address)):**                          , | | | | | **the** **applicant’s gross monthly income:** | |
| **3. Do you plan to enter into an employment relationship during your stay in Hungary?**  yes no | | | | | | |
| **If yes, please complete and attach/enclose Appendix no. 9.6. or Appendix no. 9.8 or Appendix no. 9.12.** | | | | | | |
| **INFORMATION NOTICE**  ***During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.*** | | | | | | |