Appendix no. 9.1



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

**APPENDIX ”A”**

**Particulars of the applicant’s minor child travelling together with the applicant, indicated in the applicant’s passport**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***For completion by the authority.***  **The authority receiving the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  | | | | | | | | | | |
| **Date of receipt of the application:**   |  | | --- | | \_\_\_\_\_\_ year \_\_\_\_\_\_ month \_\_\_\_ day | | | | |  | | | |  | | | |  | | |
|  | | | |  | | | |  | | | |  | | |
|  | | | | Area designated for the placement of a facial photograph | | | |  | | |
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|  |  | | | | | | | | |  |
|  | [Handwritten signature specimen of the applicant (legal representative)] | | | | | | | | |  |
|  | The signature must be inside the box in its entirety. | | | | | | | | |  |
|  |  | | | | | | | | |  |
| **Please complete the form legibly, In LATIN block letters.** | | | | | | | | | | | | | | |
| **Issuance of a first residence permit:** Border crossing point as place of entry, date of entry:                ,       year       month       day  **Extension of a residence permit:** Document number of the residence permit, date of expiry:                ,       year       month       day | | | | | | | | | | | | | | |
| **1. Personal data of the minor child** | | | | | | | | | | | | | | |
| surname (as shown in passport): | | | | | | forename (as shown in the passport): | | | | | | | | |
| surname at birth: | | | | | | forename at birth: | | | | | | | | |
| mother’s surname at birth: | | | | | | mother’s forename at birth: | | | | | | | | |
| sex:  male  female | | citizenship: | | | | | | | | | | | | |
| date of birth:       year       month       day | | place of birth (locality): | | | | | | | | country: | | | | |
| **2. Particulars of the minor child’s place of accommodation 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:  owner  (sub)tenant  family member  courtesy user of accommodation  other, specifically: | | | | | | | | | | | | | | |
| **3. Other details** | | | | | | | | | | | | | | |
| **To your knowledge, does your child have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or is (s)he a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in his/her body?**  yes  no  **If the child suffers from any of the diseases specified above, or if (s)he is contagious or a carrier of infectious disease pathogens, does (s)he receive compulsory and regular medical treatment with regard to the said diseases?**  yes  no | | | | | | | | | | | | | | |
| ***For completion by the authority.***  **If the application is approved**  I hereby approve the applicant’s residence in Hungary for the purpose of family reunification until \_\_\_\_\_\_year \_\_\_\_ month \_\_\_ day.  Date: ......................................... Signature, stamp: .....................................................  Document number of the residence permit 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |