

ORSZÁGOS IDEGENRENDÉSZETI FŐIGAZGATÓSÁG



Application for Residence Permit

Kor completion by the authority.	Automated case No.: _ _ _ _ _ _					
Authority receiving the application:						
Date of acceptance of the application:						
year month day						
☐ First residence permit	Facial photographs					
entry border crossing point:						
date of entry:						
year month day (to be completed if application is made in Hungary)	Do NOT touch the box with your					
☐ Extension of residence permit	signature, stay completely inside!					
	[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 pos	st. E-mail address:					
Applicant will collect the document at the <u>issuing authority</u> . 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: marital status:					
	☐ male ☐ single ☐ married ☐ female ☐ widow(er) ☐ divorced					

date of birth:		place of birth (loc	th (locality):		country:			
year month	day							
citizenship:	-		(not manda	atory):				
professional skills: educational a primary tertiary (ur			high school diploma) econdary		Employn	nent befo	re arriving to	Hungary:
2. Details of the applicant's	passport:							
Passport No.:			place an	d date of iss	sue:			
			(place)			year	month	day
type: This is the	ne most co	mmon	validity	period:				
□ private passport □ service □ diplomatic passport □ ot			у	ear r	nonth	day		
3. Details of the applicant's	place of acc	commodation in H	ungarv					
land register reference number: This number might be in your contract. If you can't find it, leave this blank. postal code: 4 digit number								
	ng number:	building:	block:		floor:		door:	
legal title of residence in the	place of ac	commodation: Ch	oose tena	ant in case	you live in	dorm or	rent a room/	'flat
owner tenant family member complementary accommodation other, specifically:								
4.0 1								
4. Comprehensive sickness in				J		II	9	
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: TAJ and private health insurance covered by scholarship 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	passpor	t? visa?		ticket?		icient fin	ancial	
	□yes □]no]no [□yes □no		ources? es, amour	nt:	□no

6. Dependent spouse, children, parent of the applicant Fill out only if your children/spouse/parents are financially depending on you							
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 previous sense sentenced for a crime before? If yes, in which consentence? yes no	•	for what cri	me, and wha	t was you		
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 B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectiou fevers? yes no If you suffer from any of the diseases specified above, or if contagious compulsory and regular treatment with regard to the said diseases? yes no	s agent of HIV, l	nepatitis B,	typhoid or pa	nratyphoid		
8. I hereby declare that my minor child shown in my passport is travel yes no						
Attention! If your minor child shown in your passport is travelling wi with your application.	th you to Hunga	ry, Appendi	x A need to b	e enclosed		
9. Planned duration and reasons of stay Until when do you wish to have the right of residence? year Reason: pursuing studies End date of y	month our student stat	day us certifica	nte			
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:



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Necessary only if your child is travelling with you

APPENDIX "A"

Particulars of the applicant's minor child travelling with the applicant, shown in his/her passport

For completion by the authority.	Automated case No.:					
Authority receiving the application:						
Time of acceptance of the application:	-					
year month day	Facial photograph					
☐ First residence permit						
entry border crossing points (to be completed if application is made in Nungary)						
date of entry: year month day (to be completed if application is made in Hungary)	Do NOT touch the box with your signature, stay completely inside!					
☐ Extension of residence permit	[Handwritten signature specimen of applicant (legal representative)]					
Residence permit number and validity:	Signature must be inside the box in its entirety.					
year month day						
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: c	citizenship:				
	☐ male ☐ female					
date of birth: place of birth (locality	y):	country:				
year month day						

2. Details of th	e mir	or child's place of	accommodation in	Hungary				
postal code:	oostal code: locality: name of public place:							
type of public p	lace:	building number:	building:	block:		floor:	doo	- т:
		ce in the place of a family member	ccommodation: complementary acc	commodati	on 🗌 other	, specifically:		
3. Miscellaneo	uc inf	Cormation:						
To your know hepatitis B, sypparatyphoid fe	ledge hilis, vers?	, does your child he leprosy, typhoid f	ave any contagious o ever, or are you a ca	rrier of th	e infectious	s agent of HIV,	, hepatitis B, t	typhoid or
			eases specified abov nent with regard to t			a carrier of info	ectious diseas	ses, do you
			For complete	tion by the	authority			
			If the appli	ication is a	pproved			
The applicant's	stay	in Hungary for the p	purpose of family reu	nification i	s hereby au	thorized until	year	month day.
Date:								
					signature, s	stamp)		
Number of resi	dence	permit issued:						
I have received	the re	esidence permit.						
Date:								
				(sig	gnature of a	pplicant)		
In the case of renewal, number of residence permit withdrawn:								
								-
			If the appl	ication is 1	efused			
Number of the	resolu	tion on refusal:						
Date of refusal:yearmonth day								
Legal basis for refusal:								
				/				
			If the procee	eding is ter	minated			
Number of decis	sion o	n termination:						
Date of decision	ı:	year mon	nth day					
Legal basis of the	re dec	ision:						