

ORSZÁGOS IDEGENRENDÉSZETI 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	
□ First residence permit	Facial photographs
entry border crossing point:	
date of entry: year month day (to be completed if application is made in Hungary) D Extension of residence permit	
Residence permit number:	[Handwritten signature specimen of applicant (legal representative)] 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**.

Address of postal delivery: 🗌 residence of applicant 🗌 postal address o	f representative	
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:		

☐ male ☐ female				single married widow(er) divorced	
date of birth:	place of birth (loca	ality):		country:	
year month day					
citizenship:	ethnicity (not manda		ndat	atory):	
professional skills:	educational attain	ment:		Employment before arriving to Hungary:	
	primary sec	ondary			
	tertiary				

2. Details of the applicant's passport:				
Passport No.:	place and date of issue:			
	(place)	year	month	day
type:	validity period:			
 private passport service passport diplomatic passport other 	year month	day		

3. Details of the applicant's place of accommodation in Hungary							
land register referenc number:	e	locality:		name of public place:			
postal code:							
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 ins	urance cover				
Have any comprehensive sick	ness insurance cov	er for the planne	d duration of	residence in Hungary?	
under employment I have sufficient financial resources to cover the costs I have comprehensive sickness insurance cover other, specifically:					
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?	visa?	ticket?	sufficient financial	
	□yes □no	□yes □no	□yes □no	resources?	no

6. Dependent spouse,	children, parent of th	ne 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 infor Permanent or usual p Country:		ore arriving to Hur	ngary):	
Locality:				
Name of public place:				

Do you have a document evidencing right of residence in another Sche	engen Member	State? 🗌 ye	es 🗌 no	
Type and number of permit:	validity:	year	month	day
Have you ever had an application for residence permit rejected previous pre		, for what cr	ime, 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,	hepatitis B,	typhoid or pa	ratyphoid
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			iv A need to b	a analogad
with your application.	in you to nung	ary, Appenu	IX A need to b	e enclosed
9. Planned duration and reasons of stayUntil 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 I understand that if the application contains any false information	
T understand that if the appreadon contains any faise informatic	in a shan be refused.
Date:	
	(signature)
I hereby undertake the commitment to leave the territory of Me	
application for residence permit is definitively refused. (to be comp	leted if application is made in Hungary)
Date:	
	(signature)
Transaction number of payment if made by electronic payment instru	ument or by bank deposit:
Transaction number of payment in made by electronic payment mout	
For completion by	the authority
If the application	•
The applicant's stay in Hungary for the purpose of	_ is hereby authorized until year month day.
Date:	
	(signature, stamp)
Number of residence normali issued	
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:		



ORSZÁGOS IDEGENRENDÉSZETI FŐIGAZGATÓSÁG



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

<i>For completion by the authority.</i> Authority receiving the application:	Automated case No.: I_I_I_I_I_I_I_I_I_I		
Time of acceptance of the application:			
year month day	Facial photograph		
□ First residence permit			
entry border crossing point:			
date of entry: year month day (to be completed if application is made in Hungary)			
☐ Extension of residence permit Residence permit number and validity:	[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.		
year day			

1. Personal data of minor child forename (as shown in passport): surname (as shown in passport): surname by birth: forename by birth: mother's surname and forename at birth: sex: citizenship: male female date of birth: place of birth (locality): country: year month day

2. Details of the minor child's place of accommodation in Hungary									
postal code:	locality:			name of public place:					
type of public pl	ace:	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?

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 withdra	wn:						

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:



ORSZÁGOS IDEGENRENDÉSZETI FŐIGAZGATÓSÁG



APPENDIX 15 (other)

1.Purpose of residence?										
2. If the purpose of stay is the pursuit of studies, particulars of host education establishment										
name:		type of education:								
		secondary education bachelor training								
		advanced training other training								
		type of training:								
		preparatory course								
		basic training								
Address of educational establishment :										
3. Educational attainment										
Name of educational establishment:		type of education:								
		secondary education bachelor training								
Address of educational establishment:										
		If holding a degree in higher education, indicte								
		faculty:								
		Date of receipt of diploma:								
		year month day								
4. Language(s) spoken and level of proficiency?										
a Sugar a transfer										
language, level; language,	level;									
5. Information about means of subsistence in Hungary										
Source of support	self? □yes □no									
	family member ? □yes □no									
	scholarship? □yes □no									
Do you have any savings? yes no Amount:										
Other income/assets for means of subsistence:										
Name of family member providing support:		Relationship:								

INFORMATION

The application for residence permit must be submitted in person with documents verifying compliance with conditions for residence enclosed. One facial photograph and proof of payment of the administrative service fee provided for by law must also be enclosed with the application. At the time of submitting the application the applicant shall produce his/her valid travel document. The passport must be valid for at least 3 additional months beyond the date of expiry of the residence permit.

The following must be enclosed with the application:

documents evidencing the purpose of residence

- school attendance certificate rom higher education intitution other than a Stete-recognised intitution or from language school
- other document

documents evicencing the use of lodging

- certified copy of title deed issued within 30 days to date
- residential lease contract or document on accommodation by courtesy
- completed accommodation registration form signed by landlord
- statement on boarding (dormitory) services

• other document

documents evidencing subsistence

- certificate on the payment of scholarship grant
- certificate on payment of pension or annuity
- bank statement
- other proof on payment of regular income
- other document

documents evidencing comprehensive sickness insurance cover

During the process, the immigration authority may request further documents for ascertaining the relevant facts of the case.

If the conditions that served as the basis for issuing the residence permit have not changed by the time the application for the extension of the residence permit was submitted, and they remain capable to verify the conditions for residence, documents to support such unaltered conditions need not be supplied once again.

The competent immigration authority may be requested to obtain from another authority proof for any data you have supplied. That part of the application shall be construed as consent for the processing and transmission of your personal data. If any requisite data is obtained by the competent immigration authority, the relating charge or administrative service fee must be paid to the immigration authority.