



**ORSZÁGOS  
IDEGENRENDESZETI  
FŐIGAZGATÓSÁG**



**Application for Residence Permit**

<i>For completion by the authority.</i> <b>Authority receiving the application:</b>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center;">Facial photographs</div> <div style="border: 1px solid black; width: 400px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>
<b>Date of acceptance of the application:</b>  _____ year _____ month _____ day	
<input type="checkbox"/> <b>First residence permit</b> <b>entry border crossing point:</b>  <b>date of entry:</b>  _____ year _____ month _____ day (to be completed if application is made in Hungary)	
<input type="checkbox"/> <b>Extension of residence permit</b>  <b>Residence permit number:</b> _____  <b>validity:</b> _____ year _____ month _____ day	

<b>Delivery of document:</b> <input type="checkbox"/> Applicant requests delivery of the document <b>by way of post.</b>  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 <b>issuing authority.</b> <b>Phone number:</b> <b>E-mail address:</b>
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<b>1. Personal data of the applicant</b>	
<b>surname (as shown in passport):</b>	<b>forename (as shown in passport):</b>
surname by birth:	forename by birth:
mother's surname by birth:	mother's forename by birth:
<b>sex:</b>	<b>marital status:</b>



<b>6. Dependent spouse, children, parent of the applicant</b>			
<b>name/relationship:</b>	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 <b>Number of residence document:</b> <input type="checkbox"/> not residing in Hungary
<b>name/relationship:</b>	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 <b>Number of residence document:</b> <input type="checkbox"/> not residing in Hungary
<b>name/relationship:</b>	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 <b>Number of residence document:</b> <input type="checkbox"/> not residing in Hungary
<b>7. Miscellaneous information:</b>			
<b>Permanent or usual place of residence (before arriving to Hungary):</b>			
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:



<b>2. Details of the minor child's place of accommodation in Hungary</b>					
postal code:	locality:			name of public place:	
type of public place:	building number:	building:	block:	floor:	door:
<b>legal title of residence in the place of accommodation:</b> <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically:					

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

<p><i>For completion by the authority</i></p> <p><b>If the application is approved</b></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>
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<b>If the application is refused</b>
<p>Number of the resolution on refusal:</p> <p>Date of refusal: ____ year ____ month ____ day</p> <p>Legal basis for refusal:</p>
<b>If the proceeding is terminated</b>
<p>Number of decision on termination:</p> <p>Date of decision: ____ year ____ month ____ day</p> <p>Legal basis of the decision:</p>





## 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 from higher education institution other than a State-recognised institution or from language school
- other document

#### **documents evidencing 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.