



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



Application for Residence Permit

<i>Filled by the Authority!</i> Authority receiving the application:	File number: _ _ _ _ _ _ _ _ _ _
Date of receipt of application: _____ Year _____ Month ____ Day	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;">ID Photo</div>
<input type="checkbox"/> Residence permit issued for the first time Place of entry: _____ Date of entry: Year Month Day <small>(To be filled in case of domestic application)</small>	
<input type="checkbox"/> Renewal of residence permit Number of Residence Permit: _____ Valid until: Year Month Day	
<div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>	

Place of Receipt of Document:	
<input type="checkbox"/> Applicant will receive the document by <u>postal mail</u> .	E-mail:
<input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> .	Phone:

1. Applicant's Personal Data		
Family Name (as per passport):	Given Name(s) (as per passport):	
Family Name at Birth:	Given Name(s) at Birth:	
Mother's Family and Given Name(s) at Birth:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced

Date of Birth: Year Month Day	Place of Birth (City):	Country:
Citizenship:		Nationality (optional):
Qualification(s):	Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education	Occupation (prior to arriving in Hungary):

2. Applicant's Passport Data		
Passport Number:	Place and Date of Issue: Year Month Day	
Type of Passport: <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Date of Expiration: Year Month Day	

3. Data of Applicant's Residence in Hungary					
Lot number:	City/town:		Name of Public Premises:		
ZIP code:					
Type of Public Premises:	House number:	Building:	Staircase:	Floor:	Door:
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):					

4. Condition of full health insurance
Are you covered by full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> based on employment <input type="checkbox"/> I have financial coverage to cover the costs <input type="checkbox"/> I have full health insurance <input type="checkbox"/> other (please specify): <input type="checkbox"/> no

5. Conditions of Return or Onward Travel					
Which country do you intend to return to or travel onward to after the expiration of your legal residence?				What means of transport do you intend to use?	
Do you have the necessary	passport?	visa?	ticket?	financial means?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, and the amount is:	<input type="checkbox"/> No

6. Applicant's dependent Spouse, Child, Parent in Hungary			
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Number of Residence Document: <input type="checkbox"/> S/he does not stay in Hungary
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Number of Residence Document: <input type="checkbox"/> S/he does not stay in Hungary
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Number of Residence Document: <input type="checkbox"/> S/he does not stay in Hungary

7. Other data

Permanent or Habitual Residence (prior to arrival in Hungary):
 Country:
 City/Town:
 Name of Public Premises:

Do you have a valid residence permit in another Schengen State? Yes No

Type and Number of Residence Permit: **Valid until:**

Has your application for residence permit ever been refused?
 Yes No

Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed?
 Yes No
 (Country, Date, Crime, Penalty):

Have you ever been expelled from Hungary? If yes, please specify the date.

Yes No

Year Month Day

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes No

If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?

Yes No

8. I certify that my minor child entered in my passport travels to Hungary with me.

Yes No

Attention! If your minor child entered in your passport travels to Hungary with you, you must attach the inset „A” to your application!

9. Duration and reason(s) for the stay:

How long does your residence permit apply? Year Month Day

Reason(s):

I certify that the reason of my stay in Hungary is:

- Job seeking or Starting a business (Inset 1)
- Family reunification (Inset 2)
- EU Blue Card (Inset 3)
- Trainee activity (Inset 4)
- Medical treatment (Inset 5)
- Official purpose (Inset 6)
- Pursuit of gainful activity (Inset 7)
- Scientific research or Researcher mobility (long term) (Inset 8)
- Purpose of visit (Inset 9)
- Purpose of employment (Inset 10)
- National (Inset 11)
- Purpose of volunteer activities (Inset 12)
- Seasonal employment (13. betétlap)
- Purpose of studies or Student mobility (Inset 14)
- Purpose of intra-corporate transfer (Inset 15)
- Other, namely: (Inset 16)

I certify that the data and answers I have furnished on this form and the attached Inset(s) are true and correct. I fully understand that giving false information shall result in the rejection of my application.

Date:

.....
Signature of Applicant

I declare that I will voluntarily leave the territory of Member States of the European Union if my residence permit application is definitively rejected.

(To be filled in case of domestic application)

Date:

.....
Signature of Applicant

Transaction number of payment via electronic payment instrument or bank transfer:

**Filled by the authority!
In case the application is approved**

I herewith certify that the Applicant's residence with the purpose of _____ has been approved until _____ (Year) ____ (Month) ____ (Day).

Date:

.....
(Signature of Officer, Seal)

Number of the Residence Permit issued: _____

I hereby acknowledge the receipt of the above residence permit.

Date:

.....
(Signature of Applicant)

In case of extension, the number of the residence permit revoked: _____

In case the application is denied

Number of Denial Decision:

Date of Denial: _____ Year ____ Month ____ Day

Plea of Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____ Year ____ Month ____ Day

Plea of Termination (in brief):



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INSET 10
(Purpose of Employment)

Submission of the Applicant: <input type="checkbox"/> the Applicant personally <input type="checkbox"/> via Employer of the Applicant						
Place of Receipt of Document: <input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> . Phone: <input type="checkbox"/> Applicant will receive the document <u>by postal mail</u> . E-mail:						
Place of Receipt of Document (in case the application is submitted through a strategic employer): <input type="checkbox"/> Applicant will receive the document <u>at the issuing authority in Hungary</u> . <input type="checkbox"/> Applicant will receive the document <u>by postal mail</u> . <input type="checkbox"/> Applicant residing outside Hungary will receive the visa entitling him/her to the receipt of residence permit <u>at a given Hungarian Representation</u> (i.e. embassy, consulate, etc.). Please specify Representation (Country, City):						
1. Data related to Cost of Living in Hungary						
Amount of expected income deriving from employment:			Net income in Hungary (previous year):			
Available savings:			Any supplementary income/assets:			
Data requested for Single Application Procedure						
2. Data of Employer in Hungary						
Name:						
Address of the Seat:						
ZIP Code:		City/Town:		Name of Public Premises:		
Type of Public Premises (road, street, etc.):		House Number:	Building:	Staircase:	Floor:	Door:
VAT Identification Number / Tax Identification Number of Employer:		Statistical Code Number:		NACE Code:		
3. Are you going to be employed by a temporary work agency? <input type="checkbox"/> Yes <input type="checkbox"/> No						

4. Qualification(s) necessary to fill the position:	5. Education: <input type="checkbox"/> primary school <input type="checkbox"/> trade school <input type="checkbox"/> vocational school <input type="checkbox"/> high school <input type="checkbox"/> secondary school <input type="checkbox"/> technical school <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 grades	6. Occupation prior to arrival in Hungary:
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7. Place of Employment: Is there only ONE place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Address:	Due to the nature of work does the place of employment cover more counties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, initial place of employment: Address:	Are you going to be deployed in more premises affiliated with Employer located in different counties? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Date of Preliminary Agreement concluded with Employer: Year Month Day	9. Position (ISCO Code):
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10. Skills and knowledge necessary to fill the position <u>Years of professional experience</u> relevant to position: <u>Special knowledge, skills and abilities</u> relevant to position: Knowledge of Language(s) Native Language(s): Other Language(s): Do you speak Hungarian? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been deployed in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date of previous joint permit: Previous Employer in Hungary Name: Address:

11. Does any of the preferential cases below apply in the case of the third country national Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No

The Applicant... <ul style="list-style-type: none"> <input type="checkbox"/> is employed within the framework of a postdoctoral employment grant, or on the basis of Bolyai János Research Grant is employed within the framework set forth in grant application; <input type="checkbox"/> is a natural person specified in the internal rules of a certified or registered church who is in the service of the certified or registered church and performs church services in the framework of a special church service relationship, an employment relationship or any other legal relationship (church personnel); <input type="checkbox"/> is involved in research activity which is – according to the certificate issued by the Hungarian Academy of Sciences – realized under the auspices of an international treaty (agreement) concluded between Hungary and another country; <input type="checkbox"/> is involved in research activity in Hungary within the framework of a hosting agreement concluded with an accredited research institution on the basis of Government Decree on the accreditation procedure and hosting agreements of research institutions hosting third country national researchers; <input type="checkbox"/> is a sports professional who is paid to compete in a chosen sport; <input type="checkbox"/> is a professional coach who prepares for sporting activities; <input type="checkbox"/> is a close relative of a member of the armed forces and civil staff from a NATO-SOFA member state serving in the territory of Hungary and specified by Chapter I Section 1 Subsections a) and b) of NATO-SOFA Agreement; <input type="checkbox"/> is the family member of the sponsor specified in Section 19 of the Act on the Admission and Right of Residence of Third Country Nationals, and holding a valid residence permit issued at least one year prior to the submission of residence permit application under joint application procedure with the purpose of ensuring the unity of the family, and legally resides in the territory of Hungary, and the employment of the sponsor is exempt from authorization; <input type="checkbox"/> is the family member of a person granted refugee status or subsidiary protection, or the parent or – in the absence of the parent – the guardian of an unaccompanied minor granted refugee status, and holds a valid residence permit issued prior to the submission of residence permit application under joint application procedure with the purpose of ensuring the unity of the family; or <input type="checkbox"/> comes from a country bordering Hungary and is employed in sectors determined in the communiqué of the Ministry for National Economy also including employment on a temporary basis
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12. Does any of the below cases apply in the case of the third country national Applicant? Yes No

The Applicant...

- is the head of branch office and representation of a company headquartered abroad as set forth in international treaties;
- is a person delegated by member states of treaties establishing an international organization or a joint body/organ not regarded as international organization, who wishes to work at the international organization or joint body/ organ, and the close relative of the person delegated on the basis of reciprocity among member states;
- is involved in educational/ teaching activity in a primary, secondary or higher educational institution certified by the Minister in charge of education within the framework of an international educational program signed by Ministers in charge of education of affected countries;
- in the case of participation in Comenius, Erasmus, Leonardo da Vinci, and Grundtvig programs, is employed within the framework of an internship,
- is regarded as key staff,
- in the case of a foreign majority owned company his/her work done (per calendar quarters) belongs to the staff number not exceeding the 5% of staff number on the last day of the preceding calendar quarter,
- with the exception of cases specified in Act CCIV of 2011 on National Higher Education §104 Section (7) Subsection (b) ba), is an internationally recognized third country national professional invited by higher education, research, cultural and art institutions with an intended employment (education, research and art related work) exceeding the period of ten workdays (in case the duration of employment exceeds 90 days),
- has been granted refugee status, subsidiary or temporary protection, and is the spouse of a person with immigrant or resident status, with whom s/he has been cohabiting in Hungary for at least one year,
- has been granted refugee status, subsidiary or temporary protection, and is a person with immigrant or resident status, or his/her widow/widower, with whom s/he was cohabiting in Hungary for at least one year prior to the death of the deceased spouse,
- is a third country national who is intended to be employed by an international organization, diplomatic or consular representation, or other organ of another country, or its staff, and does not belong to the official personnel of the previous bodies, and does not qualify as a delegate of the sending country,
- is a third country national who is intended to be employed by a film production company registered by the motion picture production authority in accordance with the Act on Motion Picture,
- is the family member of a third country national holding EU Blue Card – falling under the scope of regulations related to family cohabitation.

INFORMATION

The application for residence permit can be submitted in person together with all supporting documents proving compliance with criteria for residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid for the period of 3 months following the expiration of the entitlement to legal residence.

Documents to be enclosed to the application form:

a tartózkodás célját igazoló okirat

- preliminary agreement on the establishment of employment relationship, or certificate of employment relationship
- notarized copy and translation of documents certifying TCN's qualifications, education, knowledge of language, professional experience and other relevant skills necessary to fill the position
- document(s) certifying the above marked preferential case.

INFORMATION

Document(s) certifying the above marked preferential case should be attached to the Application.

document certifying the legal title to residence

- notarized copy of title deed not older than 30 days
- rental contract
- document certifying courtesy use of flat
- filled out address/ accommodation registration form signed by the property owner
- other relevant document

document certifying financial background

- previous year's income certificate issued by taxing authority (NAV)
- income certificate issued by employer, or preliminary agreement, or employment contract
- other relevant document (e.g. bank account statement, balance statement)

document certifying full health insurance

Please note that the aliens policing authority has the right to request the submission of further documents during the procedure in order to clarify the circumstances.

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

The Applicant can request the acting aliens policing authority to obtain the certificate related to the data indicated by the Applicant from another competent authority. This part of the application is considered as an approval to use of Applicant's personal data. If the aliens policing authority obtains the requested data, the applicant must bear and pay all related service fees to the aliens policing authority.