

# BEVÁNDORLÁSI ÉS MENEKÜLTÜGYI HIVATAL



# Application for Residence Permit

<i>For completion by the authority.</i> Authority receiving the application:	Automated case No.:		
Date of acceptance of the application:			
□ First residence permit entry border crossing point:		Facial photographs	
date of entry: year month day			1
(to be completed if application is made in Hungary)			
Residence permit number:		ten signature specimen o (legal representative)] nust be inside the box in	
validity: year month day			
Delivery of document: Applicant requests delivery of the document by way of post Applicant will collect the document at the issuing authority			
1. Personal data of the applicant			

1. I ersonal data of the appreant					
surname (as shown in passport):	forename (as shown in passport):				
surname by birth:	forename by birth:				
mother's surname and forename at birth:	sex: male female	marital status:	married  divorced		

date of birth:			place of birth (locality):		country:
year	month	day			
citizenship:			ethnicity (not manda		tory):
professional skil	ls:		educational attainment:		Employment before arriving to Hungary:
			primary secondary		
			tertiary		

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

Have any comprehensive sickness insurance cover f	or the planned duration of residence in Hungary?
under employment [	I have sufficient financial resources to cover the costs
I have comprehensive sickness insurance cover	ther, specifically:
no	

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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 resources?	
	□yes □no	□yes □no	□yes □no		no

6. Dependent spouse,	children, parent of t	he 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	<ul> <li>long-term visa</li> <li>permanent residence permit</li> <li>national permanent residence permit</li> <li>immigration permit</li> <li>EU Blue Card</li> <li>Number of residence document:</li> <li>not residing in Hungary</li> </ul>
name/relationship:	place and date of birth:	nationality:	legal title of residence:         visa         residence permit         interim permanent         residence permit         EC permanent residence         permit         other	<ul> <li>long-term visa</li> <li>permanent residence permit</li> <li>national permanent residence</li> <li>permit</li> <li>immigration permit</li> <li>EU Blue Card</li> <li>Number of residence document:</li> </ul>
name/relationship:	place and date of birth:	nationality:	legal title of residence:         visa         residence permit         interim permanent         residence permit         EC permanent residence         permit         other	<ul> <li>not residing in Hungary</li> <li>long-term visa</li> <li>permanent residence permit</li> <li>national permanent residence permit</li> <li>immigration permit</li> <li>EU Blue Card</li> <li>Number of residence document:</li> <li>not residing in Hungary</li> </ul>
7. Miscellaneous infor Permanent or usual p Country:		ore arriving to Hu	ngary:	
Locality:				
Name of public place:				

Do you have a document evidencing right of residence in an	nother Schengen Member State? 🗌 yes 🗌 no
Type and number of permit:	validity:
Have you ever had an application for residence permit reje yes no Have you ever been sentenced for a crime before? If yes, in sentence? yes no	ected previously? in which country and when, for what crime, and what was you
<b>Have you ever been expelled from Hungary, if yes, when?</b> Uses no	,
year month day	
B, syphilis, leprosy, typhoid fever, or are you a carrier of the fevers?	hat requires treatment, such as HIV/AIDS, tuberculosis, hepatitis the infectious agent of HIV, hepatitis B, typhoid or paratyphoid f contagious or a carrier of infectious diseases, do you receive diseases?
8. I hereby declare that my minor child shown in my passpo □yes □no	ort is travelling with me to Hungary.
Attention! If your minor child shown in your passport is tr with your application.	ravelling with you to Hungary, Appendix A need to be enclosed
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:	5:
<ul> <li>Job-searching or entrepreneurship (Appendix 1)</li> <li>Family reunification (Appendix 2)</li> <li>EU Blue Card (Appendix 3)</li> <li>Traineeship (Appendix 4)</li> <li>Medical treatment (Appendix 5)</li> <li>Official (Appendix 6)</li> <li>Gainful activity (Appendix 7)</li> <li>Research or researcher mobility (long-term) (Appendix 8)</li> <li>Visit (Appendix 9)</li> <li>Employment (Appendix 10)</li> <li>National (Appendix 11)</li> <li>Voluntary service activities (Appendix 12)</li> <li>Seasonal work (Appendix 13)</li> <li>Studies or student mobility (Appendix 14)</li> <li>Intra-corporate transfer (Appendix 15)</li> <li>Other, specifically: (Appendix 16)</li> </ul>	

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 application for residence permit is definitively refused. (to be completed if				
Date:	signature			
Transaction number of payment if made by electronic payment instrumer	t 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:			

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. Miscellaneou	ıs inf	formation:					
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 th	e authority.	If the appli	ication is a	nnrovod		
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:							
Number of residence permit issued:							
I have received		1					
Date:							
In the case of renewal, number of residence permit withdrawn:							
If the application is refused							
Number of the r	esolu	tion on refusal:					
Date of refusal:		year mont	h 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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# **APPENDIX 8** (*Research and long-term mobility of researchers*)

1. Legal basis of the application
research
long-term mobility of researchers
In the case of long-term mobility of researchers
name of first Member State:
type of document issued by the first Member State:
number:
validity period: year month day

2. Information about means of subsistence in Hungary				
amount of estimated income from activities:	previous year's taxed income in Hungary:			
amount of savings available:	other income/assets for means of subsistence:			

3. Miscellaneous information:				
Accompanied by family member?				
yes no				
Family member's particulars if accompanying the research	ıer			
surname (as shown in passport):	forename (as shown in passport):			
surname by birth:	forename by birt	h:		
mother's surname and forename at birth:	sex: male female	marital status:	<ul> <li>married</li> <li>divorced</li> </ul>	

date of birth:			Place of birth: (country):	family ties:
				parent
year	month	day		spouse
				parent's spouse
				person under guardianship
				Child or distant descendant,
				or their spouse
				other:

# Information required for single permit

4. Particulars of Hungarian research	organisa	ation (emplo	yer)				
name:							
registered address:							
postal code:	locality:			name of public place:			
ype of public place: building number		ing number:	building:	block:	floor:	door:	
scope of activities:			institution a registry nur	ccreditation nber:	validity y day	<b>y</b> year month	
5. Qualification required for the posi	tion: 6 [ [ [ [ [	<ul> <li>primary sc</li> <li>vocational</li> <li>vocational</li> <li>institution</li> <li>college</li> </ul>	school I h secondary ec of technolog	pecialised school igh school lucation institution y niversity	7. Emp to Hun	loyment before arriving gary:	
8. Place(s) of work: Is there only one place of work? yes no If yes: (postal code) (address)		Is work to more than yes in If yes, pla	be performed one counties no	l within the territor	y of	Are you going to work at the employer's various business establishments which are located in the territory of more than one counties?	
9. Date of agreement with the research year month day	ch organ	isation:		10. Position (FE	OR num	ber):	

11. Skills and qualifications for the job:					
Length of practical experience for the job to be performed:					
Special skills and qualifications for the job to be performed:					
Knowledge of languages					
Native language:       Other language(s) spoken:         Do you speak Hungarian?       yes       no         Have you ever worked in Hungary before?       yes       no					
If yes, validity period of previous work permit:					
Previous Hungarian employer:					
Name:					
Address:					

# 12. Does any of the following special circumstances apply to the third-country national? Uyes no

- working within the framework of post-doctorate related employment, or under the Bolyai János Research Scholarship as part of the tender or within the framework of the scholarship program;
- being a researcher working within the framework of an international agreement between Hungary and another State, provided that this is verified by a certificate issued by the Hungarian Academy of Sciences;
- being a researcher carrying out research in Hungary under a hosting agreement concluded with a research organisation accredited according to the Government Decree on the Accreditation of Research Organisations Hosting Researchers Who Are Third-country Nationals, and on Hosting Agreements;

a close relative of military personnel of Member States which are parties to the NATO-SOFA Agreement, stationed in the territory of Hungary and of the civilian staff described under Paragraphs *a*) and *b*) of Point 1 of Article I of the NATO-SOFA Agreement;

# INFORMATION

The application for residence permit must be submitted in person with the relevant documents enclosed. One facial photograph must 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 the authorised duration of residence.

## The following must be enclosed with the application:

#### documents evidencing the purpose of residence

- hosting agreement concluded with the research organisation
- statement of commitment undertaken by the research organisation

## documents evidencing the use of lodging

- certified copy of title deed issued within 30 days to date
- residential lease contract
- document on accommodation by courtesy
- completed accommodation registration form signed by landlord
- other document

## documents evidencing subsistence

- income certificate issued by the tax authority for the previous year
- income certificate issued by the employer
- 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.