



**ORSZÁGOS
IDEGENRENDESZETI
FŐIGAZGATÓSÁG**



Application for Residence Permit

<i>For completion by the authority.</i> Authority receiving the application:	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;">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>
Date of acceptance of the application: _____ year _____ month _____ day	
<input type="checkbox"/> First residence permit entry border crossing point: date of entry: _____ year _____ month _____ day (to be completed if application is made in Hungary)	
<input type="checkbox"/> Extension of residence permit Residence permit number: _____ validity: _____ year _____ month _____ day	

Delivery of document: <input type="checkbox"/> Applicant requests delivery of the document by way of post. 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 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:

<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> single <input type="checkbox"/> widow(er)		<input type="checkbox"/> married <input type="checkbox"/> divorced	
date of birth:		place of birth (locality):		country:	
year month day					
citizenship:			ethnicity (not mandatory):		
professional skills:		educational attainment:		Employment before arriving to Hungary:	
		<input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> tertiary			

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

3. Details of the applicant's place of accommodation in Hungary					
land register reference number:		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:					
<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically:					

4. Comprehensive sickness insurance cover	
Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?	
<input type="checkbox"/> under employment	<input type="checkbox"/> I have sufficient financial resources to cover the costs
<input type="checkbox"/> I have comprehensive sickness insurance cover	<input type="checkbox"/> 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 resources?
		<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, amount: <input type="checkbox"/> no

6. Dependent spouse, children, parent of the applicant			
name/relationship:	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 Number of residence document: <input type="checkbox"/> not residing in Hungary
name/relationship:	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 Number of residence document: <input type="checkbox"/> not residing in Hungary
name/relationship:	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 Number of residence document: <input type="checkbox"/> 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 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:



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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.: _ _ _ _ _ _ _ _ _ _
Time of acceptance of the application: _____ year _____ month _____ day	<div style="border: 1px solid black; width: 150px; height: 120px; margin: auto; text-align: center;">Facial photograph</div>
<input type="checkbox"/> First residence permit entry border crossing point: _____ (to be completed if application is made in Hungary) date of entry: _____ year _____ month _____ day (to be completed if application is made in Hungary)	
<input type="checkbox"/> Extension of residence permit Residence permit number and validity: _____ year _____ month _____ day	

[Handwritten signature specimen of applicant
(legal representative)]
Signature must be inside the box in its entirety.

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: <input type="checkbox"/> male <input type="checkbox"/> female	citizenship:
date of birth: year month day	place of birth (locality):		country:

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

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

<p><i>For completion by the authority</i></p> <p>If the application is approved</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>

If the application is refused
<p>Number of the resolution on refusal:</p> <p>Date of refusal: ____ year ____ month ____ day</p> <p>Legal basis for refusal:</p>
If the proceeding is terminated
<p>Number of decision on termination:</p> <p>Date of decision: ____ year ____ month ____ day</p> <p>Legal basis of the decision:</p>



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APPENDIX 9
(employment)

Submission of application: <input type="checkbox"/> by the applicant in person <input type="checkbox"/> through the employer					
Delivery of document: <input type="checkbox"/> Applicant will collect the document at the issuing authority . Phone number: _____ <input type="checkbox"/> Applicant requests delivery of the document by way of post . E-mail address: _____					
Delivery of document if application is submitted through a preferred employer: <input type="checkbox"/> Applicant will collect the residence permit document at the issuing authority in Hungary . <input type="checkbox"/> Applicant requests delivery of the residence permit document by way of post . <input type="checkbox"/> Applicant, if not residing in Hungary, will collect the entry visa for receiving a residence permit at a specific foreign mission , namely: _____ (country, locality)					
1. Information about means of subsistence in Hungary					
amount of estimated income from employment:		previous year's taxed income in Hungary:			
amount of savings available:		other income/assets for means of subsistence:			
Information required for single permit					
2. Particulars of Hungarian employer					
name:					
registered address:					
postal code:		locality:		name of public place:	
type of public place (street, road, square, etc.):	building number:	building:	block:	floor:	door:
Employer's tax number /tax identification code:		KSH number:		TEÁOR number:	
3. Are you going to be employed by a temporary employment agency? <input type="checkbox"/> yes <input type="checkbox"/> no					

4. Qualification required for the position:	5. Educational attainment: <input type="checkbox"/> primary school <input type="checkbox"/> specialised school <input type="checkbox"/> vocational school <input type="checkbox"/> high school <input type="checkbox"/> vocational secondary education institution <input type="checkbox"/> institution of technology <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> no primary school graduation	6. Employment before arriving to Hungary:
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7. Place(s) of work: Is there only one place of work? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: address(es):	Is work to be performed within the territory of more than one counties? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, place of commencement of work: address:	Are you going to work at the employer's various business establishments which are located in the territory of more than one counties? <input type="checkbox"/> yes <input type="checkbox"/> no
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8. Date of prior agreement with the employer: year month day	9. Position (FEOR number):
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10. Skills and qualifications for the job: <u>Length of practical experience</u> for the job to be performed: <u>Special skills and qualifications</u> for the job to be performed: Knowledge of languages Native language: Other language(s) spoken: Do you speak Hungarian? <input type="checkbox"/> yes <input type="checkbox"/> no Have you ever worked in Hungary before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, validity period of previous single permit: Previous Hungarian employer: Name: Address:

11. Does any of the following special circumstances apply to the third-country national? <input type="checkbox"/> yes <input type="checkbox"/> no <ul style="list-style-type: none"> <input type="checkbox"/> 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; <input type="checkbox"/> a natural person in the service of an ecclesiastical legal entity of a listed church (ecclesiastical personnel) within the framework of a special ecclesiastical service relationship, under contract of employment or other similar relationship; <input type="checkbox"/> 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; <input type="checkbox"/> 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; <input type="checkbox"/> a professional athlete involved in sporting activities within the framework of employment; <input type="checkbox"/> a professional trainer engaged in activities to prepare professional athletes for sporting activities; <input type="checkbox"/> 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 <i>a)</i> and <i>b)</i> of Point 1 of Article I of the NATO-SOFA Agreement; <input type="checkbox"/> a family member of a sponsor provided for in Section 19 of the Act on the Admission and Right of Residence of Third-Country Nationals (RRTN), if lawfully resides in the territory of Hungary for at least one year before the submission of an application for residence permit within the framework of a single application procedure, holding a valid residence permit issued for the purpose of family reunification, and employment of the sponsor is exempt from work permit requirement; <input type="checkbox"/> a family member of a person who has been granted refugee or subsidiary protection status, or is the parent of an unaccompanied minor recognised as a refugee, or his/her guardian in the absence thereof, provided that he/she holds a valid
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residence permit issued for the purpose of family reunification before the time of submission of an application for residence permit within the framework of a single application procedure;

- from a country neighbouring Hungary and is working in any of the professions provided for in a communication by the minister in charge of employment of third country nationals in Hungary, including employment by way of temporary agency work;
- a citizen of a third country defined in the communication of the minister in charge of employment of third country nationals in Hungary - issued in view of the preliminary position of the Protection Council - who is employed by a qualified temporary employment agency in the professions provided for in the communication, including employment by way of temporary agency work;
- a family member of a Hungarian citizen.

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

- being the director of a branch or representative office of a foreign-registered business association, as defined by international agreement;
- being a person delegated by states which are parties to the agreement for setting up an international organisation or a common organ not recognised as an international organisation, if working for the international organisation or the common organ, or a close relative of such delegate subject to reciprocity between the states which are parties to the agreement;
- performs education activities in primary, secondary and tertiary educational institutions in a foreign language, if performed – as verified by the minister in charge of education – under an international education program signed by the competent ministers of the States affected;
- performs work within the framework of practical training courses participating in the Comenius, Erasmus, Leonardo da Vinci and Grundtvig programmes;
- qualifies as key personnel;
- the third-country national is employed by a business association under foreign majority ownership, where the number of third-country nationals employed in a calendar quarter, on the last day of the previous calendar quarter does not exceed twenty per cent of the labor force in the previous calendar quarter;
- with the exception set out in Subparagraph *ba*) of Paragraph *b*) of Subsection (7) of Section 104 of Act CCIV of 2011 on National Higher Education, for the employment of a third-country national who is internationally recognised in the field of education, science or art, provided that such employment exceeds ten working days per calendar year, and if invited by an institution of higher education, scientific research institute or cultural and art institutions (if the duration of employment exceeds ninety days);
- being the spouse of a person with refugee status, a beneficiary of subsidiary protection, a person enjoying temporary protection, and of a person who has been granted immigrant or permanent resident status, if they lived together in Hungary for at least one year;
- being a person with refugee status, a beneficiary of subsidiary protection, or a person enjoying temporary protection, and the widow of such a person, if they lived together in Hungary for at least one year before the time of death;
- being a third-country national to be employed by an international organisation or by the diplomatic mission or consular post or other bodies of a foreign state, or their staff, if other than the regular staff and if not considered a delegated member of the state which he/she represents;
- being a third-country national by a motion picture company that is registered by the motion picture authority according to the Act on Motion Pictures;
- being the family member of a third-country national holding an EU Blue Card, to whom the provisions on family reunification apply.

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

- prior agreement concluded with a view to entering into an employment relationship, or a document verifying the employment relationship

- certified copy of the document in proof of the third-country national's education and qualification for the job in question, language skills, practical experience, and other faculties, and the certified translation thereof
- documents evidencing the special circumstance indicated

INFORMATION

Documents evidencing the above-specified special circumstances must be provided enclosed with the application.

documents evidencing the use of lodging

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

documents evidencing subsistence

- income certificate issued by the tax authority (NAV) for the previous year
- income certificate issued by the employer or prior agreement or contract of employment
- other document (e.g. bank account statement, extract)

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.