



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



Application for Residence Permit

<p><i>For completion by the authority.</i> Authority receiving the application:</p>	<p>Automated case No.: _ _ _ _ _ _ _ _ _ _ </p>
<p>Date of acceptance of the application: _____ year _____ month _____ day</p>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;"> Facial photographs </div>
<p><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)</p>	
<p><input type="checkbox"/> Extension of residence permit Residence permit number: _____ validity: _____ year _____ month _____ day</p>	

<p>Delivery of document:</p>	
<p><input type="checkbox"/> Applicant requests delivery of the document by way of post.</p>	<p>E-mail address:</p>
<p><input type="checkbox"/> Applicant will collect the document at the issuing authority.</p>	<p>Phone number:</p>

<p>1. Personal data of the applicant</p>		
<p>surname (as shown in passport):</p>	<p>forename (as shown in passport):</p>	
<p>surname by birth:</p>	<p>forename by birth:</p>	
<p>mother's surname and forename at birth:</p>	<p>sex: <input type="checkbox"/> male <input type="checkbox"/> female</p>	<p>marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow(er) <input type="checkbox"/> divorced</p>

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

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

3. Details of the applicant's place of accommodation in Hungary					
land register reference number: 6 postal code: 1031	locality: Budapest			name of public place: Reichl Kálmán	
type of public place: utca	building number: -	building: -	block: -	floor: -	door: -
legal title of residence in the place of accommodation: <input type="checkbox"/> owner <input checked="" 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 checked="" type="checkbox"/> I have comprehensive sickness insurance cover	<input type="checkbox"/> other, specifically:
<input type="checkbox"/> no	

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? <input type="checkbox"/> yes <input type="checkbox"/> no	visa? <input type="checkbox"/> yes <input type="checkbox"/> no	ticket? <input type="checkbox"/> yes <input type="checkbox"/> no	sufficient financial resources? <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: STREET NAME			

Do you have a document evidencing right of residence in another Schengen Member State? yes no

Type and number of permit: **IN THE BELOW SECTION YOU MUST ADMIT IF YOU HAD ANY REJECTED PERMITS! If you lie, your current permit application will be automatically rejected.**
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? Foundation+BSc: 4 years; BSc: 3 years; MSc/MBA: 15 months; PhD: 3 years 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)
- Visit (Appendix 9)
- Employment (Appendix 10)
- National (Appendix 11)
- Voluntary service activities (Appendix 12)
- Seasonal work (Appendix 13)
- Studies or student mobility (Appendix 14)
- Intra-corporate transfer (Appendix 15)
- Other, specifically: (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**

<p><i>For completion by the authority.</i> Authority receiving the application:</p>	<p>Automated case No.: _ _ _ _ _ _ _ _ _ _ </p>
<p>Time of acceptance of the application:</p> <p align="center">_____ year _____ month _____ day</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: auto;"> <p align="center">Facial photograph</p> </div>
<p><input type="checkbox"/> First residence permit</p> <p>entry border crossing point: _____ <small>(to be completed if application is made in Hungary)</small></p> <p>date of entry: _____ year _____ month _____ day <small>(to be completed if application is made in Hungary)</small></p>	
<p><input type="checkbox"/> Extension of residence permit</p> <p>Residence permit number and validity:</p> <p>_____ year _____ month _____ day</p>	
<div style="border: 2px solid black; width: 100%; height: 50px; margin: 10px auto;"></div> <p align="center">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>	

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: <div style="text-align: right;">(signature, stamp)</div> </p> <p>Number of residence permit issued: _____</p> <p>I have received the residence permit.</p> <p>Date: <div style="text-align: right;">(signature of applicant)</div> </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>