

**DATA SHEET**

**to issue registration certificate for EEA Nationals and to notify the first place of residence**

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|  ***For completion by the authority.***Date of initiation of issuing the certificate: |  Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
|  \_\_\_\_\_\_year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month \_\_\_\_ day |   |
| **The legal basis of issuing the certificate:** |   |
| [ ]  gainful activity[ ]  purpose of study |  |   |   |
| [ ]  family member[ ]  other |  |  |  |
|  |  |  |  |
|  **Applicants phone number:** |   | [Handwritten signature specimen of applicant (legal representative)] |   |
|  **Applicants email:**  |   | Signature must be inside the box in its entirety. |   |
| **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 and forename at birth:**  |  **sex**: [ ]  male [ ]  female |  **marital status:**[ ]  single[ ]  widow |  [ ]  married[ ]  divorced |
|  **date of birth:**       **year       month**       **day** |  place of birth (locality): |  country: |
|  **citizenship:**  |  ethnicity (not mandatory):      |
| **2. Details of the applicant’s passport or ID card** |
| Type of document:  | [ ] passport [ ] ID card |

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| Document No.: |        |
| Type of passport: |  [ ]  private passport |  [ ]  service passport |  [ ]  diplomatic passport |
|   |  [ ]  other, specifically: |        |

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|  **Place and date of issue:** |   |   |
| Country:      Locality:       |    |
| Place of issue: |       **year       month**       **day** |
| Validity period: |        **year       month**       **day** |
| **3. Details of the applicant’s place of accommodation in Hungary** |
|  Postal code: |        |
|  Locality: |   District:       |
|  Name of the public place: |       |
|  Type of the public place: |       |
|  Building number / Land register reference number: |       |
|  Building:       |  Block:       |  Floor:       |  Door:       |
| **Legal title of residence in the place of accommodation**:[ ]  I hereby declare that I am the owner of the property indicated.[ ]  Enclosed please find the statement of consent of the owner of the residential property or the landlord being the lawful user of the property on other grounds. |
| **4.** **Other data** |
| **Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?** |
|  [ ]  Yes  [ ]  No, I have sufficient financial resources to cover the costs.  |
|  **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 |
| **Permanent or usual place of residence before arriving to Hungary:** Country:       Locality:       Name of public place:       |
| **When you cease to exercise your right of residence, or your right of residence expires, which country will you be travelling to?**Country:  |
|  **I hereby declare that the information in the application is true and correct.** |
|  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature |
|  |  |
|  Transaction number of payment if made by electronic payment instrument or by bank deposit:       |   |

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|  **For completion by the authority**  |  |
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|  I hereby authorize the issuance of the registration certificate for the applicant. |
|  Date: ............................................................. |  ................................................... (signature, stamp) |
|  Number of the certificate issued: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ |
|  I have received the registration certificate.  |
|  Date: ........................................... |  ..........................................(signature of applicant) |