

**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** | | | |  |
|  | | | |  |
| 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) | |