

**Application for Residence Permit**

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|  ***For completion by the authority.*****Authority receiving the application:** |  Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
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|  **Date of acceptance of the application:**

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|  \_\_\_\_\_\_ year \_\_\_\_\_\_ month\_\_\_\_ day |

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| □ **First residence permit** **entry border crossing point:****date of entry:****......... year ........ month........ day**(to be completed if application is made in Hungary) |   | Facial photographs |   |
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| □ **Extension of residence permit** |  |  |  |
|  |   | [Handwritten signature specimen of applicant (legal representative)] |   |
|  **Residence permit number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   | Signature must be inside the box in its entirety. |   |
|   **validity: .............. year ……........ month ........ day** |  |  |  |
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| **Delivery of document:**[ ]  Applicant requests delivery of the document **by way of post**. **E-mail address**:       [ ]  Applicant will collect the document at the **issuing authority**. **Phone number**:       |

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| **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(er) | [ ]  married[ ]  divorced |
|  **date of birth:**        **year       month**       **day** |  place of birth (locality): |  country: |
|  **citizenship:**  |  ethnicity (not mandatory):       |
|  **professional skills:**  |  educational attainment: [ ]  primary[ ]  secondary [ ]  tertiary |  **Employment before arriving to Hungary:**       |
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|  **2. Details of the applicant’s passport:** |
|  **Passport No.:**  |  place and date of issue: (place)             year       month       day |
|  **type:**[ ]  private passport[ ]  service passport [ ]  diplomatic passport [ ]  other |  **validity period:** **year       month       day** |
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|  **3. Details of the applicant’s place of accommodation in Hungary** |
| **land register reference number:** **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:** [ ]  owner [ ]  tenant [ ] family member [ ]  complementary accommodation [ ]  other, specifically: |

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| **4. Comprehensive sickness insurance cover** |
|  **Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?** [ ]  under employment [ ]  I have sufficient financial resources to cover the costs |
|  [ ]  I have comprehensive sickness insurance cover [ ]  other, 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?**  [ ] yes [ ] no |  **visa?**  [ ] yes [ ] no |  **ticket?**  [ ] yes [ ] no | **sufficient financial resources?** [ ] yes, amount:      |  [ ] no |

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|  **6. Dependent spouse, children, parent of the 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  |  [ ] long-term visa[ ] permanent residence permit[ ] national permanent residence permit [ ] immigration permit[ ] EU Blue Card**Number of residence document:**[ ] not residing in Hungary |
|  **name/relationship:** |  place and date of birth:      |  nationality:      |  legal title of residence:[ ] visa [ ] residence permit[ ] interim permanent residence permit [ ] EC permanent residence permit [ ] other  |  [ ] long-term visa[ ] permanent residence permit[ ] national permanent residence permit [ ] immigration permit[ ] EU Blue Card**Number of residence document:**[ ] not residing in Hungary |
|  **name/relationship:**  |  place and date of birth:      |  nationality:      |  legal title of residence:[ ] visa [ ] residence permit[ ] interim permanent residence permit [ ] EC permanent residence permit [ ] other  |  [ ] long-term visa[ ] permanent residence permit[ ] national permanent residence permit [ ] immigration permit[ ] EU Blue Card**Number of residence document:**[ ] not residing in Hungary |
| **7. Miscellaneous information:** |
| **Permanent or usual place of residence before arriving to Hungary:** Country:       Locality:       Name of public place:       |

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| **Do you have a document evidencing right of residence in another Schengen Member State?** [ ]  yes [ ]  no **Type and number of permit:** **validity:** |
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| **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 you 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

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| **Attention! If your minor child shown in your passport is travelling with you to Hungary, Appendix A need to be enclosed with your application.** |

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| **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) [ ]  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) |

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| **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: |

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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: |



**APPENDIX “A”**

**Particulars of the applicant’s minor child travelling with the applicant,
shown in his/her passport**

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| ***For completion by the authority.*****Authority receiving the application:** |  Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
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| **Time of acceptance of the application:** |  |  |  |
|  |  |  |
|   |  Facial photograph |   |
|  □ **First residence permit** |   |   |   |
|  |   |   |   |
|  **entry border crossing point:** |  |  |  |  |  |
|  (to be completed if application is made in Hungary) |   |   |   |
|   |   |  |  |
| **date of entry:**(to be completed if application is made in Hungary) |   |  |  |
|  |  |  |  |
| □ **Extension of residence permit** |   | [Handwritten signature specimen of applicant (legal representative)] |   |
| **Residence permit number and validity:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... year ........ month ........ day** |   | Signature must be inside the box in its entirety. |   |
|   |  | **......... year ........ month........ day** |
|  **1. Personal data of minor child** |  | (to be completed if application is made in Hungary) |
| **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 | **citizenship:**  |
|  **date of birth:** **year       month       day** | place of birth (locality):      | country: |

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|  **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:** [ ] owner [ ]  tenant [ ]  family member [ ]  complementary accommodation [ ]  other, specifically: |

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|  **3. Miscellaneous information:** |
|  **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?** [ ] yes [ ] no |
|   |
| ***For completion by the authority.*** |
| **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: ........................................................................ |  ......................................................(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:  |

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| **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: |