



BEVÁNDORLÁSI ÉS  
ÁLLAMPOLGÁRSÁGI  
HIVATAL



*Application for residence permit for seasonal workers*

<p><b>Authority receiving the application:</b></p> <p>_____</p>	<p>File number:  _ _ _ _ _ _ _ _ _ _ </p> <div data-bbox="1037 646 1300 1012" style="border: 1px solid black; text-align: center; padding: 20px;"> <p>Photo</p> </div> <div data-bbox="824 1045 1518 1186" style="border: 2px solid black; height: 60px; margin-top: 20px;"></div> <p>[Specimen signature of the applicant (legal representative)] Please ensure your signature fits within the box.</p>
<p><input type="checkbox"/> <b>Residence permit issued for the first time</b></p>	
<p><b>Place and date of entry:</b></p> <p>_____ ..... year ..... month ..... day</p>	
<p><b>Number and expiry date of residence visa</b></p> <p>H  _ _ _ _ _ _ _ _  ..... year ..... month ..... day</p>	
<p><input type="checkbox"/> <b>Renewal of the residence permit</b></p>	
<p><b>Number and expiry date of residence visa</b></p> <p>H  _ _ _ _ _ _ _ _  ..... year ..... month ..... day</p>	
<p><b>Place of receipt of the document:</b></p> <p><input type="checkbox"/> Applicant will receive the document at the issuing authority.      Phone number:</p> <p><input type="checkbox"/> Applicant will receive the document by postal mail.                      E-mail address:</p>	
<p><b>Place of Receipt of Document (in case the application is submitted <u>through a strategic employer</u>):</b></p> <p><input type="checkbox"/> Applicant will receive the document <b>at the issuing authority in Hungary.</b></p> <p><input type="checkbox"/> Applicant will receive the document <b>by postal mail.</b></p> <p><input type="checkbox"/> Applicant residing outside Hungary will receive the visa entitling him/her to the receipt of residence permit <b>at a given Hungarian Representation</b> (i.e. embassy, consulate, etc.). If yes, please specify Representation: (Country, City)</p>	

<p><b>1. Applicant's personal data</b></p>	
<p><b>Family name (as per passport):</b></p>	<p>Given name (as per passport):</p>
<p>Family name at birth:</p>	<p>Given name at birth:</p>

Mother's family and given name at birth:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status: <input type="checkbox"/> single <input type="checkbox"/> widow <input type="checkbox"/> married <input type="checkbox"/> divorced		
Date of birth: year      month      day		Place of birth (city):			Contry: _		
Citizenship:				Nationality (optional):			
Last permanent residence abroad:							

<b>2. Applicant's passport data</b>							
Passport number:				Place and date of issue: year      month      day			
Type of passport: <input type="checkbox"/> private <input type="checkbox"/> official <input type="checkbox"/> diplomatic <input type="checkbox"/> other				Date of expiry: year      month      day			

<b>3. Planned period and purpose of residence</b>							
For what period and purpose are you applying for residence permit?      year      month      day							

<b>4. Data of the applicant's residence in Hungary</b>							
ZIP code:		City/Town:			Name of public space:		
Type of public space:	House number:	Building:	Staircase:		Floor:	Door:	
Legal title of residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):							
<b>5. Data of costs of living in Hungary</b>							
Amount of regular income:				Total net income of the previous year in Hungary:			
Available savings:				Any additional income/asset:			

<b>6. Conditions of return or onward travel</b>				
<b>Which country do you wish to return to or travel onward after the legal residence?</b>			<b>What means of transport do you want to use?</b>	
<b>Do you have the necessary</b>	<b>passport?</b>	<b>visa?</b>	<b>ticket?</b>	<b>financial means?</b>
	<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, and the sum is: <input type="checkbox"/> no

<b>7. Other data</b>
<p><b>Are you covered by full health insurance for the period of your stay in Hungary?</b>  <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p><b>Has your application for residence permit ever been refused?</b>  <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p><b>Have you ever been convicted for a crime? If yes, please specify the country, date, the type of crime committed and the type of punishment imposed?</b>  <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p><b>Have you ever been expelled from Hungary? If yes, please specify the date.</b>  <input type="checkbox"/>yes <input type="checkbox"/>no  year            month            day</p> <p><b>To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, syphilis, leprosy, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?</b>  <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p><b>If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you receive compulsory and regular medical treatment?</b>  <input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p><b>Permanent or habitual residence prior to arrival to Hungary:</b>  Country:  City/Town:  Name of public space:</p>
<p><b>Which country do you intend to return to or travel onward to after the expiration of your legal residence?</b>  Country:  Type and Number of Travel Document (used for inward travel):  <b>Do you hold a document entitling you to legal residence in another Schengen Member State?</b> <input type="checkbox"/>Yes <input type="checkbox"/>No  <b>Number and Expiration Date of Residence Permit:</b></p>
<p>Date: .....</p> <p style="text-align: right;">..... Signature</p>
<p>Duty stamp:</p>

**DO NOT WRITE IN THIS SPACE.  
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.**

**In case the application is approved**

I herewith certify that the Applicant's residence in Hungary with the purpose of ..... has been approved until  
..... Year ..... Month ..... Day.

Date: .....  
.....  
(Signature of Officer, Seal)

Number of the Residence Permit Issued: \_\_\_\_\_

I hereby acknowledge the receipt of the above residence permit.

Date: .....  
.....  
(Signature of Applicant)

In case of extension, the number of the residence permit revoked: \_\_\_\_\_

**In case the application is denied**

Number of Denial Decision: .....

Date of Denial: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_ Day

Reasons for Denial (in brief):

**In case the application procedure is terminated**

Number of Termination Decision:.....

Date of Decision: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_ Day

Reasons for Termination (in brief):

**INFORMATION**

The application for residence permit can be submitted in person together with all supporting documents proving compliance with criteria for residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid for the period of 3 months following the expiration of the entitlement to legal residence.

**Documents to be enclosed to the application form:**

- document certifying the purpose of residence**
  - preliminary agreement on the establishment of employment relationship, or certificate of employment relationship
  - documents justifying the applicability of the marked preferential cases included in Inset "A"
- document certifying the legal title of residence**
  - notarized copy of title deed not older than 30 days
  - rental contract
  - or document certifying courtesy use of flat
  - filled out address/ accommodation registration form signed by the property owner
  - other relevant document
- document certifying financial background**
  - income certificate issued by employer, or preliminary agreement, or employment contract
  - other relevant document (e.g. bank account statement, balance statement)
- document certifying full health insurance**

***Please note that the aliens policing authority has the right to request the submission of further documents during the procedure in order to clarify the circumstances.***

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

The Applicant can request the acting aliens policing authority to obtain the certificate related to the data indicated by the Applicant from another competent authority. This part of the application is considered as an approval to use of Applicant's personal data. If the aliens policing authority obtains the requested data, the applicant must bear and pay all related service fees to the aliens policing authority.

INSET "A"

**FOR CONDUCTING JOINT AUTHORIZATION PROCEDURE**

<b>1. Data of Employer in Hungary</b>					
Name:					
Address of Employer's Seat:					
ZIP code:	City/Town:			Name of Public Premises:	
Type of Public Premises:	House number:	Building:	Staircase:	Floor:	Door:
VAT Identification Number / Tax Identification Number of Employer:		Statistical Code Number:		NACE Code:	

<b>2. Qualification(s) necessary to fill the position:</b>  	<b>3. Education:</b> <input type="checkbox"/> primary school <input type="checkbox"/> trade school <input type="checkbox"/> vocational school <input type="checkbox"/> high school <input type="checkbox"/> secondary school <input type="checkbox"/> technical school <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 grades	<b>4. Occupation prior to arrival in Hungary:</b>  
--	---	---

<b>5. Place of Employment:</b> 5.1. Is there only ONE place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ (ZIP code)  Address: _____	5.2. Due to the nature of work does the place of employment cover more counties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, initial place of employment: _____ (ZIP code)  Address: _____	5.3. Are you going to be deployed in more premises affiliated with Employer located in different counties? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

<b>6. Date of Preliminary Agreement concluded with Employer:</b>  <div style="display: flex; justify-content: space-around;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>	<b>7. Position (ISCO Code):</b>  
--	---

<b>8. Skills and knowledge necessary to fill the position:</b> <u>Years of professional experience</u> relevant to position: <u>Special knowledge, skills and abilities</u> relevant to position: <b>Knowledge of Language(s)</b> Native Language(s): Other Language(s): <b>Do you speak Hungarian?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>9. Have you ever been employed in Hungary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date of previous joint permit: Previous Employer in Hungary Name: Address: <b>Have you ever worked in Hungary with a residence permit for seasonal workers five years prior to the application?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which year(s)? Name of Government Office in which the previous residence permit for seasonal workers has been issued:  <b>10. Is the applicant employed within the framework of temporary employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--

**11. Possible starting and ending dates of employment:**

**From**      year      month      day **until**      year      month      day;  
**From**      year      month      day **until**      year      month      day;  
**From**      year      month      day **until**      year      month      day;  
**From**      year      month      day **until**      year      month      day;

**12. Does any of the preferential cases below apply in the case of the third country national Applicant?**     Yes     No

The Applicant...

- is a close relative of a member of the armed forces and civil staff from a NATO-SOFA member state serving in the territory of Hungary and specified by Chapter I Section 1 Subsections a) and b) of NATO-SOFA Agreement;
- is the family member of the sponsor specified in Section 19 of the Act on the Admission and Right of Residence of Third Country Nationals, and holding a valid residence permit issued at least one year prior to the submission of residence permit application under joint application procedure with the purpose of ensuring the unity of the family, and legally resides in the territory of Hungary, and the employment of the sponsor is exempt from authorization;
- is the family member of a person granted refugee status or subsidiary protection, or the parent or – in the absence of the parent – the guardian of an unaccompanied minor granted refugee status, and holds a valid residence permit issued prior to the submission of residence permit application under joint application procedure with the purpose of ensuring the unity of the family; or
- comes from a country bordering Hungary and is employed in sectors determined in the communiqué of the Ministry for National Economy also including employment on a temporary basis