



BEVÁNDORLÁSI ÉS  
ÁLLAMPOLGÁRSÁGI  
HIVATAL



*Residence Permit for the Purpose of Employment*

<p><b>Authority receiving the application:</b></p>	<p>File Number:    _ _ _ _ _ _ _ _ _ _ </p>
<p><input type="checkbox"/> <b>Residence permit issued for the first time</b></p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p style="text-align: center;">Photo</p> </div>
<p><b>Place and Date of Entry:</b> _____ .....Year.....Month ..... Day</p>	
<p><b>Number and Expiration Date of Residence Visa:</b> _____ .....Year..... Month ..... Day</p>	
<p><input type="checkbox"/> <b>Renewal of residence permit</b></p>	
<p><b>Number and Expiration Date of Residence Permit:</b> _____ .....Year..... Month..... Day</p>	<div style="border: 2px solid black; width: 400px; height: 60px; margin: 0 auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>

**Place of Receipt of Document:**

Applicant will receive the document **at the issuing authority.**      **Phone:** \_\_\_\_\_

Applicant will receive the document **by postal mail.**                      **E-mail:** \_\_\_\_\_

**Place of Receipt of Document (in case the application is submitted through a strategic employer):**

Applicant will receive the document **at the issuing authority in Hungary.**

Applicant will receive the document **by postal mail.**

Applicant residing outside Hungary will receive the visa entitling him/her to the receipt of residence permit **at a given Hungarian Representation** (i.e. embassy, consulate, etc.). If yes, please specify Representation:  
\_\_\_\_\_ (Country, City)

<b>1. Applicant's Personal Data</b>		
<b>Family Name (as per passport):</b>	<b>Given Name(s) (as per passport):</b>	
<b>Family Name at Birth:</b>	<b>Given Name(s) at Birth:</b>	
<b>Mother's Family and Given Name(s) at Birth:</b>	<p><b>Gender:</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	<p><b>Marital Status:</b></p> <p><input type="checkbox"/> single                      <input type="checkbox"/> married</p> <p><input type="checkbox"/> widowed                      <input type="checkbox"/> divorced</p>

<b>Date of Birth:</b> Year    Month    Day	<b>Place of Birth (City/ Town):</b>	<b>Country: _</b>
<b>Citizenship:</b>	<b>Nationality (optional):</b>	
<b>Last permanent residence abroad:</b> _____		

<b>2. Applicant's Passport Data</b>		
<b>Passport Number:</b>	<b>Place and Date of Issue:</b> _____ Year    Month    Day	
<b>Type of Passport:</b> <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	<b>Date of Expiration:</b> Year    Month    Day	

<b>3. Planned Duration and Purpose of Residence</b>
<b>How long do you wish the residence permit to be issued for?</b> _____ Year    _____ Month    _____ Day
<b>What is the purpose of requesting residence permit?</b>   

<b>4. Data of Applicant's Residence in Hungary</b>					
<b>ZIP code:</b>	<b>City/Town:</b>		<b>Name of Public Premises:</b>		
<b>Type of Public Premises (road, street, etc.):</b>	<b>House Number:</b>	<b>Building:</b>	<b>Staircase:</b>	<b>Floor:</b>	<b>Door:</b>
<b>Legal Title to Residence:</b> <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): _____					

**5. Data related to Cost of Living in Hungary**

<b>Amount of expected income deriving from employment:</b>	<b>Net income in Hungary (previous year):</b>
<b>Available savings:</b>	<b>Any supplementary income/assets:</b>

**6. Conditions of Return or Onward Travel**

<b>Which country do you intend to return to or travel onward to after the expiration of your legal residence?</b>				<b>What means of transport do you intend 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, the amount is: _____ <input type="checkbox"/> No	

**7. Spouse, Child, Parent residing abroad or in Hungary supported by Applicant**

<b>Name/Relationship:</b>	Place and Date of Birth:	Citizenship: -	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
<b>Number of Residence Document:</b>				
<b>Name/Relationship:</b>	Place and Date of Birth:	Citizenship: -	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
<b>Number of Residence Document:</b>				
<b>Name/Relationship:</b>	Place and Date of Birth:	Citizenship: -	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
<b>Number of Residence Document:</b>				

**8. Other Data**

**Are you covered by full health insurance for the duration of your stay in Hungary?**

Yes  No

**Has your application for residence permit ever been refused?**

Yes  No

**Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed?**

Yes  No

**Have you ever been expelled from Hungary? If yes, please specify the date.**

Yes  No      \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day

**Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?**

Yes  No

**If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?**

Yes  No

**Permanent or Habitual Residence (prior to arrival in Hungary):**

Country: \_\_\_\_\_ City/Town: \_\_\_\_\_

Name of Public Premises: \_\_\_\_\_

**Which country do you wish to return to or travel onward to after the expiration of your legal residence?**

\_\_\_\_\_  
Type and Number of Travel Document (used for inward travel):

**Do you hold a document entitling you to legal residence in another Schengen Member State?**  Yes  No

Number and Expiration Date of Residence Permit: \_\_\_\_\_

**I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.**

Date: .....

.....  
Signature of Applicant

Stamp Duty:

**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 employment 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
- notarized copy and translation of documents certifying TCN's qualifications, education, knowledge of language, professional experience and other relevant skills necessary to fill the position
- documents justifying the applicability of the marked preferential cases included in Inset "A"

**- document certifying the legal title to residence**

- notarized copy of title deed not older than 30 days
- rental contract
- document certifying courtesy use of flat
- filled out address/ accommodation registration form signed by the property owner
- other relevant document

**- document certifying financial background**

- previous year's income certificate issued by taxing authority (NAV)

- 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. Employer's Data</b>					
Name:					
Address of Employer's Seat					
ZIP code:	City/ Town:		Name of Public Premises:		
Type of Public Premises (road, street, etc.):	House Number:	Building:	Staircase:	Floor:	Door:
VAT Identification Number / Tax Identification Number of Employer:		Statistical Code Number:		NACE Code:	

2. Qualification(s) necessary to fill the position:	3. Education:	4. Occupation prior to arrival in Hungary:
	<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	

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

6. Date of Preliminary Agreement concluded with Employer:	7. Position (ISCO Code):
Year      Month      Day	

**8. Skills and knowledge necessary to fill the position**

Years of professional experience relevant to position:

Special knowledge, skills and abilities relevant to position:

**Knowledge of Language(s)**

Native Language(s):

Other Language(s):

**Do you speak Hungarian?**     Yes     No

**Have you ever been deployed in Hungary?**     Yes     No

If yes, expiration date of previous joint permit:

Previous Employer in Hungary

Name:

Address:

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

The Applicant...

- is employed within the framework of a postdoctoral employment grant, or on the basis of Bolyai János Research Grant is employed within the framework set forth in grant application;
- is a natural person specified in the internal rules of a certified or registered church who is in the service of the certified or registered church and performs church services in the framework of a special church service relationship, an employment relationship or any other legal relationship (church personnel);
- is involved in research activity which is – according to the certificate issued by the Hungarian Academy of Sciences – realized under the auspices of an international treaty (agreement) concluded between Hungary and another country;
- is involved in research activity in Hungary within the framework of a hosting agreement concluded with an accredited research institution on the basis of Government Decree on the accreditation procedure and hosting agreements of research institutions hosting third country national researchers;
- is a sports professional who is paid to compete in a chosen sport;
- is a professional coach who prepares for sporting activities;
- 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

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

The Applicant...

- is the head of branch office and representation of a company headquartered abroad as set forth in international treaties;
- is a person delegated by member states of treaties establishing an international organization or a joint body/organ not regarded as international organization, who wishes to work at the international organization or joint body/ organ, and the close relative of the person delegated on the basis of reciprocity among member states;
- is involved in educational/ teaching activity in a primary, secondary or higher educational institution certified by the Minister in charge of education within the framework of an international educational program signed by Ministers in charge of education of affected countries;
- in the case of participation in Comenius, Erasmus, Leonardo da Vinci, and Grundtvig programs, is employed within the framework of an internship,
- is regarded as key staff,
- in the case of a foreign majority owned company his/her work done (per calendar quarters) belongs to the staff number not exceeding the 5% of staff number on the last day of the preceding calendar quarter,
- with the exception of cases specified in Act CCIV of 2011 on National Higher Education §104 Section (7) Subsection (b) ba), is an internationally recognized third country national professional invited by higher education, research, cultural and art institutions with an intended employment (education, research and art related work) exceeding the period of ten workdays (in case the duration of employment exceeds 90 days),
- has been granted refugee status, subsidiary or temporary protection, and is the spouse of a person with immigrant or resident status, with whom s/he has been cohabiting in Hungary for at least one year,
- has been granted refugee status, subsidiary or temporary protection, and is a person with immigrant or resident status, or his/her widow/widower, with whom s/he was cohabiting in Hungary for at least one year prior to the death of the deceased spouse,
- is a third country national who is intended to be employed by an international organization, diplomatic or consular representation, or other organ of another country, or its staff, and does not belong to the official personnel of the previous bodies, and does not qualify as a delegate of the sending country,
- is a third country national who is intended to be employed by a film production company registered by the motion picture production authority in accordance with the Act on Motion Picture,
- is the family member of a third country national holding EU Blue Card – falling under the scope of regulations related to family cohabitation.



INSET "B"

**Data of Minor Child Accompanying and Entered into the Passport of Applicant**

<b>Authority receiving the application:</b>	File Number:  _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> <b>Residence permit issued for the first time</b>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Photo</div> <div style="border: 2px solid black; width: 400px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center; font-size: small;">[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>
<b>Place and Date of Entry:</b> _____ Year ..... Month ..... Day	
<b>Number and Expiration Date of Residence Visa</b> _____ Year ..... Month ..... Day	
<input type="checkbox"/> <b>Renewal of residence permit</b>	
<b>Number and Expiration Date of Residence Permit:</b> _____ Year ..... Month ..... Day	

<b>1. Personal Data of Minor Child</b>		
<b>Family Name (as per passport):</b> _	<b>Given Name(s) (as per passport):</b> _	
<b>Family Name at Birth:</b> _	<b>Given Name(s) at Birth:</b> _	
<b>Mother's Family and Given Name(s) at Birth:</b> _	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b> _
<b>Date of Birth:</b> Year      Month      Day	<b>Place of Birth (City/ Town):</b>	<b>Country:</b>

<b>2. Data of Minor Child's Residence in Hungary</b>					
<b>ZIP Code:</b>	City/Town:_	Name of Public Premises:_			
<b>Type of Public Premises:</b> _	House Number:_	Building:_	Staircase:_	Floor:_	Door:_
<b>Legal Title to Residence:</b> <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:					

**3. Other Data**

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) the child has? Does the child carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes  No

If the child is suffering from any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?

Yes  No

**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 family reunification 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):