

BEVÁNDORLÁSI ÉS ÁLLAMPOLGÁRSÁGI HIVATAL



Application for Residence Permit for Official Purposes

Authority receiving the application:	File Number: I_I					
\Box Residence permit issued for the first time			Photo			
Place of Entry:						
Date of Entry:						
Year	Month Day					
Number and Expiration Date of Residen	ce Visa					
Year Month Day						
□ Renewal of residence permit		[Signature Specimen of Applicant (Legal Representative)]				
Number and Expiration Date of Resider	nce Permit	Please make sure your signature fits in the box.				
Year	Month Day					
Place of Receipt of Document:			Phone:			
Applicant will receive the document <u>at the document</u> Applicant will receive the document by		•	E-mail:			
	<u>50star man</u> .		L-man.			
1. Applicant's Personal Data						
Family Name (as per passport):		Given Name(s) (as per passport):				
Family Name at Birth:		Given Name(s) a	tt Birth:			
Mother's Family and Given Name(s) at Birth:		Gender: Male Female	Marital Status: single widowed	married divorced		
Date of Birth: Year Month Day	Place of Birth (C	ity):	Country:			

Citizenship: Nation				onality	y (optiona	l):			
Last permanent res	idence abroad:								
Qualification(s): Highest Level of Edu			Educat	tion:		Occupatio	on (prior	to arriving in	Hungary):
							8	8 7	
		primary seco	•						
2. Applicant's Pass	port Data					I			
Passport Number:				Place	and Date	of Issue:			
					Year	Month	Day		
Type of Passport:				Date	of Expira		Day		
ordinary servi	ice diplomatic o	ther			Year	Month	Day		
3. Planned Duratio	on and Purpose of Re	sidence	I						
	se of requesting resid	ence permit? How	long o	do you	ı wish the	e	Year	Month	Day
residence permit to	be issued for :						i cai	WOIIIII	Day
4. Data of Applica	nt's Residence in Hu	ngary							
ZIP code:	City/Town:			Name of Public Premises:					
Type of Public	House Number:	Building:	Stair	rcase:		Floor:		Door:	
Premises:		8							
Legal Title to Resid	dence:								
	family member b				a	pecify):			
5. Data of Host Inst Name:	itution in Hungary a	nd Data regarding		loyme Positio					
Ivame:			r	ositio	п.				
Address of Seat:									
6. Data related to 0	Cost of Living in Hur	ngarv							
Type of regular inc		8. 7	Amo	ount p	er month	:			
Available savings:_	Available savings:_ Any supplementary income/assets:								
				suppr	cincincui y	income, uss			
7 Conditions of De		1-							
/. Conditions of Re	turn or Onward Tra	vei:							
						XX 71 /	<u> </u>	. 1 .	. 1.
Which country do	vou intend to return	to or travel onwar	d to at	iter th	ne	What mean	is of trans	port do you ir	itend to

expiration of your legal residence?

what means	01	transp
use?		

Do you have the necessary	passport?	visa?	ticket?	financial means?
	Yes No	Yes No	Yes No	Yes, and the amount is: No

8. Applicant's Spouse, C	hild, Parent in Hungar	ſy		
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: visa residence permit temporary settlement permit EC permanent residence permit other	residence visa permanent settlement permi national permanent settlement permit EU Blue Card family member residing abroad
			Number of Residence Doc	ument:
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: visa residence permit temporary settlement permit EC permanent residence permit other	residence visa permanent settlement permit national permanent settlement permit EU Blue Card family member residing abroad
			Number of Residence Doc	ument:
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: visa residence permit temporary settlement permit EC permanent residence permit other	residence visa permanent settlement permit national permanent settlement permit immigration permit EU Blue Card family member residing abroad
			Number of Residence Doc	ument:

9. 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
(Country, Date, Crime, Penalty):
Have you ever been expelled from Hungary? If yes, please specify the date.
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 or carrying 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 intend to return to or travel onward to after the expiration of your legal residence?
Country:
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:
Stamp Duty:

DO NOT WRITE IN THIS SPACE.							
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.							
In case the application is appro	In case the application is approved						
I herewith certify that the Applicant's residence in Hungary with the purp until Year Month Day.	ose of has been approved						
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 den	ied						
Number of Denial Decision:							
Date of Denial: Year Month Day							
Reasons for Denial (in brief):							
In case the application procedure is to	erminated						
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

- document issued by the host institution certifying the employment, education and training of Applicant
- other relevant document

□ 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

- certificate issued by the host/ sending institution certifying the disbursement of regular income (scholarship)
- bank statement
- other document

ocument 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"

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

Authority receiving the application:	File Number: I_I_I_I		
		Photo	
□ Residence permit issued for the first time			
Date of Entry:			
Year Month Day			
Number and Expiry Date of Residence Visa			
Month Year Month Day			
□ Renewal of residence permit	[Signature Speci	men of Applicant (Legal	Representative)]
Number and Expiration Date of Residence Permit:	Please mak	te sure your signature fits	in the box.
Month Day			

1. Personal Data of Minor Child			
Family Name (as per passport):		Given Name(s) (as p	er passport):_
Family Name at Birth:		Given Name(s) at Bir	th:
Mother's Family and Given Name(s) at Birth:	Gender:	Citizenship:
		Male Female	
Date of Birth:	Place of Birth (City/T	own):	Country:
Year Month Day			

2. Data of Minor Child's Residence in Hungary						
ZIP Code:	City/Town:		Name of Public Premises:			
Type of Public Premises:_	House Number:	Building:	Staircase:		Floor:	Door:
Legal Title to Residence: owner tenant family member by courtesy of the owner 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?

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

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

Date:

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:

(Signature of Applicant)

(Signature of Officer, Seal)

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):