



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



Application form for the extension of an immigration permit / a permanent residence permit / an interim permanent residence permit / a national permanent residence permit / an EC permanent residence permit / an interim residence card / a national residence card / an EU residence card document

For completion by the authority. The authority receiving the application: _____	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Facial photograph</div> <div style="border: 1px solid black; width: 300px; height: 50px; margin: 20px auto;"></div> <p>[Handwritten signature specimen of the applicant(legal representative)]</p> <p>The signature must be inside the box in its entirety.</p>
Date of receipt of the application: _____ year _____ month _____ day	

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

Delivery of the document:

- The applicant requests delivery of the document **by way of post**.
- The applicant will collect the document at the **issuing authority**.
- The applicant will collect the document at the **foreign diplomatic or consular mission** (in case of a permit issued for national economic interest).

Telephone number:

Email address:

Legal basis of the application: <input type="checkbox"/> extension of a permanent residence permit document <input type="checkbox"/> extension of an immigration permit document <input type="checkbox"/> extension of an interim permanent residence permit document (Appendix „A” must be completed) <input type="checkbox"/> extension of a national permanent residence permit document <input type="checkbox"/> extension of a national permanent residence permit document issued for national economic interest	<input type="checkbox"/> extension of an EC permanent residence permit document <input type="checkbox"/> extension of an interim residence card document (Appendix „A” must be completed) <input type="checkbox"/> extension of a national residence card document <input type="checkbox"/> extension of an EU residence card document
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Document number and date of expiry of the residence permit document to be extended: _____ ,
 _____ year _____ month _____ day

Personal data of the applicant

Surname:	Forename(s)
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Date of birth: _____ year _____ month _____ day	Passport number and date of expiry: _____ , _____ year _____ month _____ day
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Place of residence in Hungary

Postal code:	Parcel identification/land register reference number (topographical LOT no.):	Locality:	District:	Name of the public place:
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Type of the public place:	Street number:	Building:	Stairway, floor, door:
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I hereby request the extension of my residence permit document with document number indicated above.

I hereby declare that the information described above is true and correct.

Date:

.....
(signature of the applicant)

Transaction number of payment if made by electronic payment instrument or by bank deposit:

INFORMATION

The following must be enclosed with the application:

- 1 facial photograph,
- residence permit document to be extended.

The procedure is subject to the payment of an administrative service fee at the rate laid down in the specific legislation.

For completion by the authority.

I revoked the expired residence permit document no....., and received the submitted permit.

Date:

Stamp

.....

signature of the case worker

I approve the extension of the document.

Date:

Stamp

.....

(signature)

I received/ handed over residence permit document no.....

Date:

.....

(signature of the applicant)

.....

(signature, stamp of the case worker)