

MEDICAL TREATMENT

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| 1. | <input type="checkbox"/> | Visa application, duly filled out in English and signed by the applicant (for minors: signed by parents or legal guardian) on site, upon application with blue ink pen. |
| 2. | <input type="checkbox"/> | Two recent passport pictures <i>Photo must be: 35 mm wide, 45 mm high, photo must be well contrasted person, must look straight into the camera, head must be straight, not tilted, mouth closed.</i> |
| 3. | <input type="checkbox"/> | Valid passport (plus one photocopy of biometric page) <i>At least two empty visa pages, the passport must be valid for at least 90 days after requested trip and must be duly signed.</i> |
| 4. | <input type="checkbox"/> | Irish Residence Permit (plus one photocopy of back and front) <i>Irish Residence permit, endorsed in the passport or issued as a Biometrics card, must be valid for more than 1 months beyond the return date of the trip to the Schengen Area; C type Irish visitor visa is not acceptable</i> |
| 5. | <input type="checkbox"/> | Copies of previous visas issued in the last 3 years from any other Schengen country (if applicable) and of entry-exit stamps on the opposite page of the visas. <i>If Visas are in old passports: copy of the biometric page of the old passport and copies of relevant visas and of entry-exit stamps on the opposite page of the visas.</i> |
| 6. | <input type="checkbox"/> | Evidence of applicant's socioeconomic status <i>If the applicant is an employee:</i> Recently issued (within 30 days of appointment), official and signed letter from their employer with name, date of issue, address, contact details, position of signatory and registration number in Ireland. The position and salary of the employee should also be indicated and pay slips for the last three months. <i>If the applicant is Self-Employed:</i> Recently issued (within 30 days of appointment), official and signed letter from an accountant, banker or solicitor with name, date of issue, address, contact details, position of signatory and registration number in Ireland, stating the nature of the self-employment or business ownership in Ireland. The letter must also state the annual salary drawn from the company and self-assessment form edited by revenue and customs authorities. <i>If students applying (including children age of 18)</i> Recently issued (within 30 days of appointment), official and signed letter from school, college or university in Ireland stating date of issue, name of the applicant, type of studies, number of lessons (hours) per week and attendance record. <i>If the applicant is unemployed and receiving benefits or pension:</i> Official proof of receiving benefits from the government |
| 7. | <input type="checkbox"/> | Proof of accommodation or of sufficient means to cover the costs of accommodation. If relevant, such proof may be given through a proof of sponsorship by means of an official form (certificate of board and lodging). |
| 8. | <input type="checkbox"/> | Round Trip transports ticket booking |

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| | | <p><i>Proof of reserved return ticket to Ireland, or proof of onward travel (if not returning to Ireland), such as authorisation of entry into the country of destination, confirmed overseas ticket, proof of sufficient means to cover such costs.</i></p> <p><i>Tickets must show airports of departure and destination.</i></p> <p><i>If traveling by car, driving license, car registration and car insurance must be submitted alongside the return ferry tickets.</i></p> <p><i>If the driver is not the applicant, a cover letter + copy of the driving license of the driver is as well required.</i></p> <p><i>The ticket must show name of applicant as per passport.</i></p> |
| 9. | <input type="checkbox"/> | <p>Proof of funds</p> <p><i>Nominative Irish bank account statements covering at least the last three months and showing the current balance. Latest balance must be within 5 days of the appointment.</i></p> <p><i>Credit card(s) and credit card account statement indicating the cardholder's name and address. The statement must contain information on the monthly limit or the spending cap.</i></p> |
| | <input type="checkbox"/> | <p>If the applicant is financially supported by:</p> <p><i>his/her spouse:</i></p> <ul style="list-style-type: none"> <i>a marriage certificate;</i> <i>the spouse's bank account statements (see above); and</i> <i>a statement of will to support the spouse.</i> <p><i>her/his parent(s):</i></p> <ul style="list-style-type: none"> <i>proof of family relationship, e.g. birth certificate;</i> <i>the parent(s) bank account statement (see above); and</i> <i>a statement of will to support the applicant.</i> |
| 10. | <input type="checkbox"/> | <p>(For children under the age of 18)</p> <p><i>a) birth certificate; and</i></p> <p>For minors travelling alone or with only one parent (exceptions are made if one parent has the sole custody or residence order for the child):</p> <p><i>b) original passports of both parents, or certified copy of the biodata page of the passports;</i></p> <p><i>c) proof of consent of parental authority or legal guardian; and</i></p> <p><i>d) Irish school certificate.</i></p> <p>In the case of sole custody, the following documents must be submitted:</p> <p><i>a) birth certificate mentioning one parent;</i></p> <p><i>b) death certificate of absent parent; or</i></p> <p><i>c) court ruling.</i></p> |
| 11. | <input type="checkbox"/> | <p>Documents proving the purpose of your travel:</p> <p><i>Medical treatment:</i></p> <ul style="list-style-type: none"> <i>- an official document of the medical institution confirming the necessity of medical care in that institution;</i> <i>- proof of pre-payment of medical treatment; or</i> <i>- proof of sufficient financial means to pay for the entire medical treatment.</i> |

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| 12. | <input type="checkbox"/> | Medical insurance Certificate |
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| 12. | <input type="checkbox"/> | <ul style="list-style-type: none">- <i>The insurance shall be valid for the territory of the Schengen Member States and cover the entire period of the person's intended stay or transit. The minimum coverage shall be EUR 30 000. The valid medical insurance has to also cover any expenses, which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment or death, during their stay(s) on the territory of the Member States..</i> |
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Passport Number _____ **valid until** ____/____/____

Resident Permit _____ **valid until** ____/____/____

IMPORTANT NOTES:

I confirm that I was informed that the Hungarian Embassy may not grant me a visa to cover my separate next trips to another Schengen Country, if requested.

The Consular administration has full authority to evaluate and request additional documentation, if deemed necessary, in addition to what is submitted. Furthermore, the applicant is hereby informed that submitting all required documentation does NOT guarantee the issuance of any particular visa.

I, the applicant declare that I have been informed by VFS staff about any incomplete / incorrect documentation regarding my Visa application and that I received back all my original documents, which I had showcased as evidence to the VFS counter staff.

I confirm that I was informed that the validity of the visa – in case of issuance of a visa- can not exceed the validity of the passport nor the validity of the residence permit.

Date:

Signature of Applicant:

Name of VFS Staff: