

Appendix no. 9.1



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



APPENDIX "A"

Particulars of the applicant's minor child travelling together with the applicant, indicated in the applicant's passport

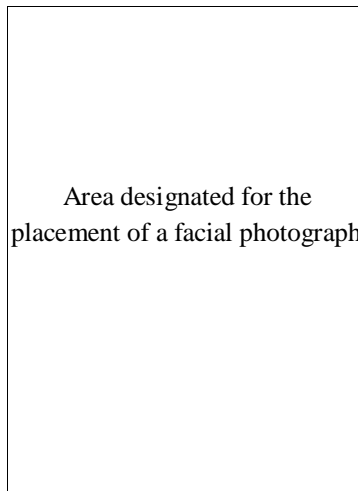
For completion by the authority.

The authority receiving the application:

Date of receipt of the application:

_____ year _____ month ____ day

Area designated for the
placement of a facial photograph



[Handwritten signature specimen of the applicant (legal
representative)]

The signature must be inside the box in its entirety.



PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

☐ **Issuance of a first residence permit:** Border crossing point as place of entry, date of entry: _____, _____ year
month _____ day

<input type="checkbox"/> Extension of a residence permit: Document number of the residence permit, date of expiry: _____, _____ month _____ day _____ year									
1. Personal data of the minor child									
surname (as shown in passport):					forename (as shown in the passport):				
surname at birth:					forename at birth:				
mother's surname at birth:					mother's forename at birth:				
sex: <input type="checkbox"/> male <input type="checkbox"/> female				citizenship:					
date of birth: _____ year _____ month _____ day				place of birth (locality):			country:		
2. Particulars of the minor child's place of accommodation in Hungary									
parcel identification/land register reference number (topographical LOT no.):		postal code:		locality:			name of the public place:		
type of the public place (i.e. street, road, square, etc.):		street number:	building:		stairway:		floor:	door:	
legal title of residence in the place of accommodation: <input type="checkbox"/> owner <input type="checkbox"/> (sub)tenant <input type="checkbox"/> family member <input type="checkbox"/> courtesy user of accommodation <input type="checkbox"/> other, specifically: _____									
3. Other details									
To your knowledge, does your child have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or is (s)he a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in his/her body? <input type="checkbox"/> yes <input type="checkbox"/> no									
If the child suffers from any of the diseases specified above, or if (s)he is contagious or a carrier of infectious disease pathogens, does (s)he receive compulsory and regular medical treatment with regard to the said diseases? <input type="checkbox"/> yes <input type="checkbox"/> no									
<p style="text-align: center;"><i>For completion by the authority.</i></p> <p style="text-align: center;">If the application is approved</p> <p>I hereby approve the applicant's residence in Hungary for the purpose of family reunification until _____ year _____ month _____ day.</p> <p>Date: _____ Signature, stamp: _____</p> <p>Document number of the residence permit handed over: _____</p> <p>I received the residence permit.</p> <p>Date: _____ Signature of the applicant: _____</p> <p>In case of extension, the document number of the residence permit withdrawn: _____</p>									
<p style="text-align: center;">If the application is refused</p> <p>Number of the resolution on refusal: _____</p> <p>Date of refusal: _____ year _____ month _____ day</p> <p>Legal basis of the refusal: _____</p>									
<p style="text-align: center;">If the procedure is terminated</p> <p>The number of the decision of termination: _____</p>									

Date of the decision: _____ year _____ month ____ day

Legal basis of the decision: _____