



ORSZÁGOS  
IDEGENRENDESZETI  
FŐIGAZGATÓSÁG



Application for Residence Permit

<i>For completion by the authority.</i> <b>Authority receiving the application:</b>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center;">Facial photographs</div> <div style="border: 1px solid black; width: 400px; height: 60px; margin: 20px auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>
<b>Date of acceptance of the application:</b>  _____ year _____ month _____ day	
<input type="checkbox"/> <b>First residence permit</b> <b>entry border crossing point:</b>  <b>date of entry:</b>  _____ year _____ month _____ day (to be completed if application is made in Hungary)	
<input type="checkbox"/> <b>Extension of residence permit</b>  <b>Residence permit number:</b> _____  <b>validity:</b> _____ year _____ month _____ day	

<b>Delivery of document:</b> <input type="checkbox"/> Applicant requests delivery of the document <b>by way of post.</b>  Address of postal delivery: <input type="checkbox"/> residence of applicant <input type="checkbox"/> postal address of representative <input type="checkbox"/> Applicant will collect the document at the <b>issuing authority.</b> <b>Phone number:</b> <b>E-mail address:</b>	
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<b>1. Personal data of the applicant</b>	
<b>surname (as shown in passport):</b>	<b>forename (as shown in passport):</b>
<b>surname by birth:</b>	<b>forename by birth:</b>
<b>mother's surname by birth:</b>	<b>mother's forename by birth:</b>
<b>sex:</b>	<b>marital status:</b>

<input type="checkbox"/> male <input type="checkbox"/> female			<input type="checkbox"/> single <input type="checkbox"/> widow(er)			<input type="checkbox"/> married <input type="checkbox"/> divorced		
<b>date of birth:</b>  <div> <div>year</div> <div>month</div> <div>day</div> </div>			place of birth (locality):			country:		
<b>citizenship:</b>				ethnicity (not mandatory):				
<b>professional skills:</b>			educational attainment: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> tertiary			<b>Employment before arriving to Hungary:</b>		

2. Details of the applicant's passport:				
<b>Passport No.:</b>  		place and date of issue:		
		(place)	year	month      day
<b>type:</b> <input type="checkbox"/> private passport <input type="checkbox"/> service passport <input type="checkbox"/> diplomatic passport <input type="checkbox"/> other		<b>validity period:</b>		
		year	month	day

<b>3. Details of the applicant's place of accommodation in Hungary</b>						
<b>land register reference number:</b>		<b>locality:</b>		<b>name of public place:</b>		
<b>postal code:</b>						
<b>type of public place:</b>	<b>building number:</b>	<b>building:</b>	<b>block:</b>	<b>floor:</b>	<b>door:</b>	
<b>legal title of residence in the place of accommodation:</b>						
<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically:						

**4. Comprehensive sickness insurance cover**

**Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?**

☐ under employment ☐ I have sufficient financial resources to cover the costs

☐ I have comprehensive sickness insurance cover ☐ other, specifically:

<b>5. Return or onward journey conditions</b>					
<b>When your right of lawful residence expires, which the country will be your destination for your return or onward journey?</b>				Means of transport?	
<b>Do you have the necessary</b>	<b>passport?</b>	<b>visa?</b>	<b>ticket?</b>	<b>sufficient financial resources?</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, amount:	<input type="checkbox"/> no

6. Dependent spouse, children, parent of the applicant			
<b>name/relationship:</b>	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <div style="float: right;"> <input type="checkbox"/> long-term visa  <input type="checkbox"/> permanent residence permit  <input type="checkbox"/> national permanent residence permit  <input type="checkbox"/> immigration permit  <input type="checkbox"/> EU Blue Card  <b>Number of residence document:</b>   <input type="checkbox"/> not residing in Hungary           </div>
<b>name/relationship:</b>	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <div style="float: right;"> <input type="checkbox"/> long-term visa  <input type="checkbox"/> permanent residence permit  <input type="checkbox"/> national permanent residence permit  <input type="checkbox"/> immigration permit  <input type="checkbox"/> EU Blue Card  <b>Number of residence document:</b>   <input type="checkbox"/> not residing in Hungary           </div>
<b>name/relationship:</b>	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <div style="float: right;"> <input type="checkbox"/> long-term visa  <input type="checkbox"/> permanent residence permit  <input type="checkbox"/> national permanent residence permit  <input type="checkbox"/> immigration permit  <input type="checkbox"/> EU Blue Card  <b>Number of residence document:</b>   <input type="checkbox"/> not residing in Hungary           </div>
<b>7. Miscellaneous information:</b> <b>Permanent or usual place of residence (before arriving to Hungary):</b> Country: Locality: Name of public place:			

**Do you have a document evidencing right of residence in another Schengen Member State?** ☐ yes ☐ no

**Type and number of permit:** validity: year month day

**Have you ever had an application for residence permit rejected previously?**

☐ yes ☐ no

**Have you ever been sentenced for a crime before? If yes, in which country and when, for what crime, and what was your sentence?**

☐ yes ☐ no

**Have you ever been expelled from Hungary, if yes, when?**

☐ yes ☐ no

year month day

**To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?**

☐ yes ☐ no

**If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?**

☐ yes ☐ no

**8. I hereby declare that my minor child shown in my passport is travelling with me to Hungary.**

☐ yes ☐ no

**Attention! If your minor child shown in your passport is travelling with you to Hungary, Appendix A need to be enclosed with your application.**

**9. Planned duration and reasons of stay**

**Until when do you wish to have the right of residence?** year month day

**I hereby declare that the purpose of my stay in Hungary is:**

- ☐ Job-searching or entrepreneurship (Appendix 1)
- ☐ Family reunification (Appendix 2)
- ☐ EU Blue Card (Appendix 3)
- ☐ Traineeship (Appendix 4)
- ☐ Medical treatment (Appendix 5)
- ☐ Official (Appendix 6)
- ☐ Gainful activity (Appendix 7)
- ☐ Research or researcher mobility (long-term) (Appendix 8)
- ☐ Employment (Appendix 9)
- ☐ National (Appendix 10)
- ☐ Voluntary service activities (Appendix 11)
- ☐ Seasonal work (Appendix 12)
- ☐ Studies or student mobility (Appendix 13)
- ☐ Intra-corporate transfer (Appendix 14)
- ☐ Other, specifically: (Appendix 15)
- ☐ White Card (Appendix 16)

**I hereby declare that the information in the application and in the enclosed Appendix(es) ..... is true and correct. I understand that if the application contains any false information it shall be refused.**

Date: .....  
.....  
(signature)

**I hereby undertake the commitment to leave the territory of Member State of the European Union on my own accord if my application for residence permit is definitively refused.** (to be completed if application is made in Hungary)

Date: .....  
.....  
(signature)

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

**For completion by the authority**

**If the application is approved**

The applicant's stay in Hungary for the purpose of \_\_\_\_\_ is hereby authorized until \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day.

Date: .....  
.....  
(signature, stamp)

Number of residence permit issued: \_\_\_\_\_

I have received the residence permit.

Date: .....  
.....  
(signature of applicant)

In the case of renewal, number of residence permit withdrawn: \_\_\_\_\_

**If the application is refused**

Number of the resolution on refusal:

Date of refusal: \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

Legal basis for refusal:

**If the proceeding is terminated**

Number of decision on termination:

Date of decision: \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

Legal basis of the decision:



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APPENDIX "A"

Particulars of the applicant's minor child travelling with the applicant,  
shown in his/her passport

<b>For completion by the authority.</b> <b>Authority receiving the application:</b>	Automated case No.:  _ _ _ _ _ _ _ _ _ _
<b>Time of acceptance of the application:</b>  _____ year _____ month _____ day	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; vertical-align: middle;">Facial photograph</div> <div style="border: 1px solid black; width: 400px; height: 60px; margin: 20px auto;"></div>
<input type="checkbox"/> <b>First residence permit</b>  <b>entry border crossing point:</b> _____ (to be completed if application is made in Hungary)  <b>date of entry:</b> _____ year _____ month _____ day (to be completed if application is made in Hungary)	
<input type="checkbox"/> <b>Extension of residence permit</b> <b>Residence permit number and validity:</b>  _____ year _____ month _____ day	

<b>1. Personal data of minor child</b>		
<b>surname (as shown in passport):</b>		<b>forename (as shown in passport):</b>
surname by birth:		forename by birth:
mother's surname and forename at birth:		sex: <input type="checkbox"/> male <input type="checkbox"/> female
		<b>citizenship:</b>
<b>date of birth:</b>  _____ year _____ month _____ day	place of birth (locality):  _____ country:  _____	

<b>2. Details of the minor child's place of accommodation in Hungary</b>					
postal code:	locality:			name of public place:	
type of public place:	building number:	building:	block:	floor:	door:
<b>legal title of residence in the place of accommodation:</b> <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically:					

<b>3. Miscellaneous information:</b>  <p><b>To your knowledge, does your child have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>If the child suffers from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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<p style="text-align: center;"><i>For completion by the authority</i></p> <p style="text-align: center;"><b>If the application is approved</b></p> <p>The applicant's stay in Hungary for the purpose of family reunification is hereby authorized until ____ year ____ month ____ day.</p> <p>Date: ..... (signature, stamp)</p> <p>Number of residence permit issued: _____</p> <p>I have received the residence permit.</p> <p>Date: ..... (signature of applicant)</p> <p>In the case of renewal, number of residence permit withdrawn: _____</p>
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<p style="text-align: center;"><b>If the application is refused</b></p> <p>Number of the resolution on refusal:</p> <p>Date of refusal: ____ year ____ month ____ day</p> <p>Legal basis for refusal:</p>
<p style="text-align: center;"><b>If the proceeding is terminated</b></p> <p>Number of decision on termination:</p> <p>Date of decision: ____ year ____ month ____ day</p> <p>Legal basis of the decision:</p>