

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

<p><i>For completion by the authority.</i></p> <p>The authority receiving the application: _____</p>	<div data-bbox="948 965 1310 1451" style="border: 1px solid black; text-align: center; padding: 20px;"><p>Area designated for the placement of a facial photograph</p></div> <div data-bbox="783 1509 1485 1686" style="border: 2px solid black; height: 80px; margin-top: 20px;"></div> <p data-bbox="836 1688 1437 1749">[Handwritten signature specimen of the applicant (legal representative)]</p> <p data-bbox="863 1771 1414 1800">The signature must be inside the box in its entirety.</p>
<p>Date of receipt of the application: _____ year _____ month ____ day</p>	
<p>PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.</p>	
<p><input type="checkbox"/> Issuance of a first residence permit: Border crossing point as place of entry, date of entry: _____ , _____ year month _____ day</p>	

Extension of a residence permit: Document number of the residence permit, date of expiry: _____, _____ year
 month _____ day _____

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?
 yes 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?
 yes no

For completion by the authority.

If the application is approved

I hereby approve the applicant's residence in Hungary for the purpose of family reunification until _____ year ____ month ____ day.

Date: Signature, stamp:

Document number of the residence permit handed over: _____

I received the residence permit.

Date: Signature of the applicant:

In case of extension, the document number of the residence permit withdrawn: _____

If the application is refused

Number of the resolution on refusal: _____

Date of refusal: _____ year _____ month ____ day

Legal basis of the refusal:

If the procedure is terminated

The number of the decision of termination: _____

Date of the decision: _____ year _____ month ____ day

Legal basis of the decision: _____