



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



**APPENDIX to an application form for a residence permit  
(Intra-corporate transfer and long-term intra-corporate mobility)**

**PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.**

Issuance of a residence permit for the purpose of intra-corporate transfer

Issuance of a permit for long-term mobility:

Border crossing point as place of entry, date of entry: \_\_\_\_\_ ..... year.....month ..... day

First Member State of residence for the purpose of intra-corporate transfer: \_\_\_\_\_

Document number and date of expiry of the residence permit document issued by the first Member State

\_\_\_\_\_, .....year .....month ....day

**The application is submitted:**

by the client,

via an employer

**Delivery of the document if the application is submitted via an employer:**

(The employer will receive the document **by way of post**.)

The official contact address of the employer:

Place of establishment (i.e. registered address) of the employer:

**Place of receipt of the visa in case of an application of a third-country national staying abroad, submitted via an employer:**

**country:** \_\_\_\_\_ **town/city** \_\_\_\_\_

**Telephone number:**

**Email address:**

**1. Information about means of subsistence in Hungary**

**amount of expected income from employment:**

**taxable income in Hungary for the previous year:**

**amount of savings held available:**

**other additional income/properties or assets as means of subsistence:**

**Information required for conducting a single permit procedure**

**2. Particulars of the Hungarian host entity:**

<b>name:</b>					
<b>place of establishment (i.e. registered address):</b>					
<b>postal code:</b>		<b>locality:</b>		<b>name of the public place:</b>	
<b>type of the public place (i.e. street, road, square, etc.):</b>	<b>street number:</b>	<b>building:</b>	<b>stairway:</b>	<b>floor:</b>	<b>door:</b>
<b>Employer's tax number / tax identification code:</b>		<b>KSH number (no. recorded by the Hungarian Central Statistical Office:</b>		<b>TEÁOR number (Hungarian NACE number):</b>	
<b>3. Particulars of the business/group of businesses or undertakings established in a third country:</b>					
Name:			Registered address (country, locality):		
<b>4. Position to be filled within the framework of intra-corporate transfer:</b>					
<input type="checkbox"/> Manager <input type="checkbox"/> Specialist <input type="checkbox"/> Trainee					
<b>5. Duration and place of intra-corporate transfer within the territory of the European Union:</b>					
Name of the first Member State and planned duration of stay:					
Name of the second Member State and planned duration of stay:					
Name of additional Member States and planned duration of stay:					
<b>6. Professional qualification(s) required for the position:</b>		<b>7. Educational attainment:</b>		<b>8. Occupation before arriving in Hungary:</b>	
		<input type="checkbox"/> primary school <input type="checkbox"/> specialised school <input type="checkbox"/> vocational school <input type="checkbox"/> secondary grammar school <input type="checkbox"/> vocational secondary school <input type="checkbox"/> technician education establishment <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> finished less than 8 school years in primary school			
<b>9. Prior to the intra-corporate transfer, duration of employment relationship with a business or group of businesses/undertakings established in a third country:</b>				<b>10. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):</b>	
<b>11. Place(s) of work:</b>		Does the nature of the work require that your work-site is located in various counties? <input type="checkbox"/> yes <input type="checkbox"/> no		Will you work on various premises of the employer (located in different counties)?	
Will you perform your employment at one single work-site? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: (postal code) (address)		If yes, starting place (address) of work: (postal code) (address)		<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>12. The applicant's skills and knowledge required for the position:</b>					
The period of professional experience relevant to the position to be filled:					
Specific knowledge and skills related to the job to be performed:					
<b>Language skills</b>					
Native language:					
Other language(s):					
<b>Do you speak Hungarian?</b> <input type="checkbox"/> yes <input type="checkbox"/> no					
<b>Have you ever worked in Hungary before?</b> <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, previous Hungarian employer's name and address:					

**INFORMATION NOTICE**

*During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.*