



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



**APPENDIX to an application for a residence permit
(National Card)**

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

The application is submitted:

by the client

via an employer

Telephone number:

Email address:

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 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** _____

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

The Applicant will collect the residence permit document at the **issuing authority in Hungary**.

The applicant requests delivery of the residence permit document **by way of post**.

The applicant who is not staying or residing in Hungary, will collect the entry visa entitling its holder to receive his/her residence permit at a specific **foreign mission**, namely: _____ (country, city/town)

1. Information about means of subsistence in Hungary

amount of expected income from employment:

amount of expected income from activity:

amount of savings held available:

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

Information required for conducting a single approval procedure

2. Particulars of the Hungarian employer					
name:					
place of establishment (i.e. registered address):					
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:
Employer's tax number /tax identification code:	KSH number (no. recorded by the Hungarian Central Statistical Office):		TEÁOR number (Hungarian NACE number):		
3. Professional qualification(s) required for the position:	4. Educational attainment: <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		5. Occupation before arriving in Hungary:		
6. Place(s) of work: Will you perform your employment at one single work-site? <input type="checkbox"/> yes <input type="checkbox"/> no address(es):	Does the nature of the work require that your work-site is located in various counties? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, starting place (address) of work:		Will you work on various premises of the employer (located in different counties)? <input type="checkbox"/> yes <input type="checkbox"/> no		
7. Date of preliminary agreement with the employer: year month day			8. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):		
9. The applicant's skills and knowledge required for the position:					
The period of professional experience relevant to the position to be filled: <u>Specific knowledge and skills</u> related to the job to be performed: Language skills Native language: Other language(s): Do you speak Hungarian? <input type="checkbox"/> yes <input type="checkbox"/> no Have you ever worked in Hungary before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate the date of expiry of your previous single permit: Your previous employer in Hungary: Name: Address:					
10. I hereby declare that I understand that my residence permit will expire on the 6th day after my employer files the termination notification of my employment. I undertake to leave the territory of the Member States of the European Union and other Schengen States within 8 days of the date on which my residence permit ceases to be valid. In this context, I declare that I am going to undertake voluntary departure and fulfil my obligation to leave to as a country which is considered a safe country of origin or a safe third country for me, where I					

will not be at risk of persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion, or as defined in Article XIV(3) of the Fundamental Law of Hungary.

The country of expulsion is:

- a state where I have my habitual place of residence and that I am allowed to enter with the following permit:
type and number of the permit: _____ ,
- the/a state of my citizenship,
- a state that I am allowed to enter with the following permit:
type and number of the permit: _____ ,

I am aware that if my residence permit ceases to be valid, the immigration authority will order my expulsion to the country indicated by me and will publish the decision on the website of the immigration authority.

It is known to me that if I do not comply with the provisions of the decision of expulsion by the deadline specified in the decision, the immigration authority will carry out the expulsion under law enforcement escort and impose a ban on my entry and stay.

11. In the cases listed in Section 242 (7) of Act XC of 2023, the Government Office is not involved as a specialised authority in the single application procedure. Do any of them apply to the applicant?

- Yes, Point _____ of Section 242 (7) of Act XC of 2023. (Indicating the case of exempt is mandatory.)
- No.

12. Shall the applicant's employment be exempt from having a work permit pursuant to Section 15 (1) of Government Decree 445/2013 (of 28 November)?

- Yes, the applicant's employment shall be exempt from having a work permit pursuant to Point _____ of Section 15 (1) of Government Decree 445/2013 (of 28 November). (Indicating the case of exempt is mandatory.)
- No.

INFORMATION NOTICE

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