

National Directorate-General for Aliens Policing Országos Idegenrendészeti Főigazgatóság



APPENDIX to an application for a residence permit

(Employment for the purpose of investment)

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.							
The application is submitted:							
by the client,							
☐ via an employer.							
Delivery of the document if the application is submitted v employer: (The employer will receive the document by way post.)		Telephone number:					
		Email address:					
Official contant address of the employer:							
Place of establishment (i.e. registered address) of the emp	ployer:						
Place of receipt of the visa in case of an application of a third-country national staying abroad, submitted via an employer:							
country: city/town:							
1. Information about means of subsistence in Hungary	7						
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:						
2. Particulars of the applicant's current place of accommodation in Hungary							
How many persons can be accommodated in the place of a residence permit?	accommod	lation indicated in Point 3 of the application form for the					
Will the place of accommodation be provided by the employer on the site of the investment, in an area separate from local residents? yes no If yes, the issuer, the number and the date of issuance of the official authorisation for establishment of the place of accommodation:							

year m	onth day			,					,
	Infe	ormatio	n require	d for a s	ingle a	pproval p	roce	edure	
3. Data of the Hung	arian employer								
name:									
place of establishmer	nt (i.e. registered add	ress) of	the emplo	yer:					
postal code:	locality:				name of t		the public place:		
type of the public place (i.e. street, road, square, etc.):	street number:	reet number: building:			stairway:			floor:	door:
Employer's tax number / tax identification code:			by the H	SSH number (no. recordo y the Hungarian Central tatistical Office):					
4. Did the employer conclude an agreement (contract) with the Minister responsible for foreign trade affairs or accepted the Minister's offer of support for the investment?									
5. Number of the pro	eliminary group em	ploymei	nt author	isation:					
6. Professional qualification(s) 7. Education: primary scho school		-			8. 0	Occupation before ar	riving in Hungary:		
					an 8 school years in				
9. Place(s) of work:		Does the nature of the work require that					Will you work on various premises of the employer (located in different counties)?		
Will you perform your employment at one single work-site? yes no counties?		s located in various			yes no				
Address(es):		yes no							
		If yes, the starting place (addres				of work:			
10. Date of preliminary agreement with the employer:				11. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):					
year month day			Canada of Occupations,						
12. The applicant's	skills and knowledg	ge requii	red for th	e positio	n:				

The period of professional experience relevant to the position to be filled:
Specific knowledge and skills related to the job to be performed:
Language skills
Native language:
Other language(s):
Do you speak Hungarian? yes no
Have you ever worked in Hungary before? uges no
If yes, please indicate the date of expiry of your previous single permit: year month day
Your previous employer in Hungary:
Name:
Address:
13. I hereby declare that I understand that my residence permit will expire on the 6 th 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:
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.
INFORMATION NOTICE
During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.