



**BEVÁNDORLÁSI ÉS  
MENEKÜLTÜGYI  
HIVATAL**



**Application for Residence Permit**

<b>Filled by the Authority!</b> <b>Authority receiving the application:</b>	File number:  _ _ _ _ _ _ _ _ _ _
<b>Date of receipt of application:</b>  _____ Year _____ Month ____ Day	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"> <p>ID Photo</p> </div>
<input type="checkbox"/> <b>Residence permit issued for the first time</b> <b>Place of entry:</b> _____ <b>Date of entry:</b> ..... Year ..... Month ..... Day  <small>(To be filled in case of domestic application)</small>	
<input type="checkbox"/> <b>Renewal of residence permit</b>  <b>Number of Residence Permit:</b> _____  <b>Valid until:</b> ..... Year ..... Month ..... Day	
<div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>	

<b>Place of Receipt of Document:</b>	
<input type="checkbox"/> Applicant will receive the document by <u>postal mail</u> .	E-mail:
<input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> .	Phone:

<b>1. Applicant's Personal Data</b>		
<b>Family Name (as per passport):</b>	<b>Given Name(s) (as per passport):</b>	
Family Name at Birth:	Given Name(s) at Birth:	
<b>Mother's Family and Given Name(s) at Birth:</b>	<b>Gender:</b>	<b>Marital Status:</b>
	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced

<b>Date of Birth:</b> Year      Month      Day			<b>Place of Birth (City):</b>	<b>Country:</b>
<b>Citizenship:</b>			Nationality (optional):	
<b>Qualification(s):</b>		Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education		<b>Occupation (prior to arriving in Hungary):</b>

<b>2. Applicant's Passport Data</b>					
<b>Passport Number:</b>			Place and Date of Issue: Year      Month      Day		
<b>Type of Passport:</b> <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other			<b>Date of Expiration:</b> Year      Month      Day		

<b>3. Data of Applicant's Residence in Hungary</b>					
<b>Lot number:</b>		<b>City/town:</b>		<b>Name of Public Premises:</b>	
<b>ZIP code:</b>					
Type of Public Premises:	House number:	Building:	Staircase:	Floor:	Door:
<b>Legal Title to Residence:</b> <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):					

<b>4. Condition of full health insurance</b>	
<b>Are you covered by full health insurance for the duration of your stay in Hungary?</b>	
<input type="checkbox"/> based on employment	<input type="checkbox"/> I have financial coverage to cover the costs
<input type="checkbox"/> I have full health insurance	<input type="checkbox"/> other (please specify): <input type="checkbox"/> no

<b>5. Conditions of Return or Onward Travel</b>					
<b>Which country do you intend to return to or travel onward to after the expiration of your legal residence?</b>				<b>What means of transport do you intend to use?</b>	
<b>Do you have the necessary</b>	<b>passport?</b>	<b>visa?</b>	<b>ticket?</b>	<b>financial means?</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, and the amount is:	<input type="checkbox"/> No

6. Applicant's dependent Spouse, Child, Parent in Hungary			
<b>Name/Relationship:</b>	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <b>Number of Residence Document:</b> <input type="checkbox"/> S/he does not stay in Hungary
<b>Name/Relationship:</b>	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <b>Number of Residence Document:</b> <input type="checkbox"/> S/he does not stay in Hungary
<b>Name/Relationship:</b>	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <b>Number of Residence Document:</b> <input type="checkbox"/> S/he does not stay in Hungary

**7. Other data**

**Permanent or Habitual Residence (prior to arrival in Hungary):**  
 Country:  
 City/Town:  
 Name of Public Premises:

**Do you have a valid residence permit in another Schengen State?**  Yes  No

**Type and Number of Residence Permit:** **Valid until:**

**Has your application for residence permit ever been refused?**  
 Yes  No

**Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed?**  
 Yes  No  
 (Country, Date, Crime, Penalty):

**Have you ever been expelled from Hungary? If yes, please specify the date.**

Yes  No

**Year            Month            Day**

**Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?**

Yes  No

**If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?**

Yes  No

**8. I certify that my minor child entered in my passport travels to Hungary with me.**

Yes  No

**Attention! If your minor child entered in your passport travels to Hungary with you, you must attach the inset „A” to your application!**

**9. Duration and reason(s) for the stay:**

**How long does your residence permit apply?            Year            Month            Day**

**Reason(s):**

**I certify that the reason of my stay in Hungary is:**

- Job seeking or Starting a business (Inset 1)
- Family reunification (Inset 2)
- EU Blue Card (Inset 3)
- Trainee activity (Inset 4)
- Medical treatment (Inset 5)
- Official purpose (Inset 6)
- Pursuit of gainful activity (Inset 7)
- Scientific research or Researcher mobility (long term) (Inset 8)
- Purpose of visit (Inset 9)
- Purpose of employment (Inset 10)
- National (Inset 11)
- Purpose of volunteer activities (Inset 12)
- Seasonal employment (13. betétlap)
- Purpose of studies or Student mobility (Inset 14)
- Purpose of intra-corporate transfer (Inset 15)
- Other, namely:            (Inset 16)

**I certify that the data and answers I have furnished on this form and the attached ..... Inset(s) are true and correct. I fully understand that giving false information shall result in the rejection of my application.**

Date: .....

.....  
Signature of Applicant

**I declare that I will voluntarily leave the territory of Member States of the European Union if my residence permit application is definitively rejected.**

(To be filled in case of domestic application)

Date: .....

.....  
Signature of Applicant

Transaction number of payment via electronic payment instrument or bank transfer: .....

**Filled by the authority!  
In case the application is approved**

I herewith certify that the Applicant's residence with the purpose of \_\_\_\_\_ has been approved until \_\_\_\_\_ (Year) \_\_\_\_ (Month) \_\_\_\_ (Day).

Date: .....

.....  
(Signature of Officer, Seal)

Number of the Residence Permit issued: \_\_\_\_\_

I hereby acknowledge the receipt of the above residence permit.

Date: .....

.....  
(Signature of Applicant)

In case of extension, the number of the residence permit revoked: \_\_\_\_\_

**In case the application is denied**

Number of Denial Decision:

Date of Denial: \_\_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Day

Plea of Denial (in brief):

**In case the application procedure is terminated**

Number of Termination Decision:

Date of Decision: \_\_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Day

Plea of Termination (in brief):



Type of Public Premises:	House number:	Building:	Staircase:	Floor:	Door:

**Legal Title to Residence:**  
 owner  tenant  family member  by courtesy of the owner  other, namely:

**3. Other Data**

**Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) the child has? Does the child carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?**  
 Yes  No

**If the child is suffering from any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?**  
 Yes  No

*Filled by the Authority!*

**In case the application is approved**

I herewith certify that the Applicant's residence in Hungary with the purpose of family reunification has been approved until ..... **Year** ..... **Month** ..... **Day**.

Date: .....  
(Signature of Officer, Seal)

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date: .....  
(Signature of Applicant)

In case of extension, the number of the residence permit revoked: \_\_\_\_\_

**In case the application is denied**

Number of Denial Decision:

Date of Denial: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_ Day

Plea of Denial (in brief):

**In case the application procedure is terminated**

Number of Termination Decision:

Date of Decision: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_ Day

Plea of Termination (in brief):