



BEVÁNDORLÁSI ÉS  
ÁLLAMPOLGÁRSÁGI  
HIVATAL



*Application for Residence Permit for the Purpose of Medical Treatment*

<b>Authority receiving the application:</b> _____	File Number:  _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> <b>Residence permit issued for the first time</b>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center;">Photo</div>
<b>Place of Entry:</b> _____	
<b>Date of Entry:</b> ..... Year ..... Month ..... Day	
<b>Number and Expiration Date of Residence Visa</b> _____	
..... Year ..... Month ..... Day	<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p style="text-align: center;">Signature Specimen of Applicant (Legal Representative)</p> <p style="text-align: center;">Please make sure your signature fits in the box.</p>
<input type="checkbox"/> <b>Renewal of residence permit</b>	
<b>Number and Expiration Date of Residence Permit</b> _____	
..... Year ..... Month ..... Day	
<b>Place of Receipt of Document:</b> <input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> . Phone: _____ <input type="checkbox"/> Applicant will receive the document by <u>postal mail</u> . E-mail: _____	
<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:
Mother's Family and Given Name(s) at Birth:	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Marital Status:</b> <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> married <input type="checkbox"/> divorced
<b>Date of Birth:</b> Year      Month      Day	Place of Birth (City): _____
	Country: _____
<b>Citizenship:</b>	Nationality (optional): _____

<b>Last permanent residence abroad:</b>			
<b>Qualification(s):</b>		<b>Highest Level of Education:</b> <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>		<b>Place and Date of Issue:</b>  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. Planned Duration and Purpose of Residence</b>			
<b>What is the purpose of requesting residence permit? How long do you wish the residence permit to be issued for?</b>			Year      Month      Day
<b>4. Data of Applicant's Residence in Hungary</b>			
<b>ZIP code:</b>	<b>City/Town:</b>		<b>Name of Public Premises:</b>
<b>Type of Public Premises:</b>	<b>House Number:</b>	<b>Building:</b>	<b>Staircase:</b>
			<b>Floor:</b>
			<b>Door:</b>
<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>5. Data of Host Medical Institution</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>6. Data of minor child or other family member unable to care for him/herself accompanied by Applicant</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>Date of Birth:</b> Year      Month      Day	<b>Place of Birth (City):</b>		<b>Country:</b>
<b>Citizenship:</b>		<b>Relationship:</b>	
<b>7. Data related to Cost of Living in Hungary</b>			
<b>Type of regular income:</b>		<b>Amount per month:</b>	

Available savings: _	Any supplementary income/assets:
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**8. Conditions of Return or Onward Travel:**

Which country do you intend to return to or travel onward to after the expiration of your legal residence?	What means of transport do you intend to use?
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<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

**9. Applicant's 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 <input type="checkbox"/> family member residing abroad
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<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 <input type="checkbox"/> family member residing abroad
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<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 <input type="checkbox"/> family member residing abroad
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**10. Other Data**

**Are you covered by full health insurance for the duration of your stay in Hungary?**  
 Yes  No

**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 or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?**

Yes  No

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

Yes  No

**Permanent or Habitual Residence (prior to arrival in Hungary):**

Country:

City/Town:

Name of Public Premises:

**Which country do you intend to return to or travel onward to after the expiration of your legal residence?**

Country:

Type and Number of Travel Document (used for inward travel):

Date: .....

.....

Signature of Applicant

Stamp Duty:

**DO NOT WRITE IN THIS SPACE.  
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.**

**In case the application is approved**

I herewith certify that the Applicant's residence in Hungary with the purpose of medical treatment 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

Reasons for Denial (in brief):

**In case the application procedure is terminated**

Number of Termination Decision: \_\_\_\_\_

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

Reasons for Termination (in brief):

**INFORMATION**

The application for residence permit can be submitted in person together with all supporting documents proving compliance with criteria for residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid for the period of 3 months following the expiration of the entitlement to legal residence.

**Documents to be enclosed to the application form:**

- document certifying the purpose of residence**

= official certificate issued by the medical institution certifying the medical treatment received

= certificate certifying the family relationship in case of accompanying family member

**document certifying the legal title to residence**

- notarized copy of title deed not older than 30 days
- rental contract
- document certifying courtesy use of flat
- filled out address/ accommodation registration form signed by the property owner
- other relevant document

**document certifying financial means available to cover cost of living and medical treatment**

- bank statement
- other document

**document certifying full health insurance**

*Please note that the aliens policing authority has the right to request the submission of further documents during the procedure in order to clarify the circumstances.*

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

The Applicant can request the acting aliens policing authority to obtain the certificate related to the data indicated by the Applicant from another competent authority. This part of the application is considered as an approval to use of Applicant's personal data. If the aliens policing authority obtains the requested data, the applicant must bear and pay all related service fees to the aliens policing authority.

„INSET ‘A’”

**Data of Minor Child Accompanying and Entered into the Passport of Applicant**

<b>Authority receiving the application:</b>	File Number:  _ _ _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> <b>Residence permit issued for the first time</b>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">Photo</div>
<b>Date of Entry:</b> <p style="text-align: center;">..... Year ..... Month ..... Day</p>	
<b>Number and Expiry Date of Residence Visa</b> <p style="text-align: center;">..... Year ..... Month ..... Day</p>	<div style="border: 2px solid black; width: 100%; height: 50px; margin-bottom: 5px;"></div> [Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.
<input type="checkbox"/> <b>Renewal of residence permit</b>	
<b>Number and Expiration Date of Residence Permit:</b> <p style="text-align: center;">..... Year ..... Month ..... Day</p>	

<b>1. Personal Data of Minor Child</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> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b>
<b>Date of Birth:</b> Year      Month      Day	<b>Place of Birth (City/ Town):</b>	<b>Country:</b>

<b>2. Data of Minor Child's Residence in Hungary</b>					
<b>ZIP Code:</b>	<b>City/Town:</b>	<b>Name of Public Premises:</b>			
<b>Type of Public Premises:</b>	<b>House Number:</b>	<b>Building:</b>	<b>Staircase:</b>	<b>Floor:</b>	<b>Door:</b>
<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:					

**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 or carrying any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?**

Yes  No

**DO NOT WRITE IN THIS SPACE.  
THIS SPACE IS TO BE FILLED OUT BY THE ACTING 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

Reasons for Denial (in brief):

**In case the application procedure is terminated**

Number of Termination Decision: \_\_\_\_\_

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

Reasons for Termination (in brief):