



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



Application for Residence Permit

<p><i>For completion by the authority.</i> Authority receiving the application:</p>	<p>Automated case No.:</p> <div data-bbox="1042 695 1308 1003" style="border: 1px solid black; width: 150px; height: 120px; margin: 10px auto;"> <p style="text-align: center;">Facial photographs</p> </div> <div data-bbox="831 1035 1523 1209" style="border: 1px solid black; width: 380px; height: 60px; margin: 10px auto;"> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p> </div>
<p>Date of acceptance of the application: _____ year _____ month _____ day</p>	
<p><input type="checkbox"/> First residence permit entry border crossing point: date of entry: year month..... day <small>(to be completed if application is made in Hungary)</small></p>	
<p><input type="checkbox"/> Extension of residence permit Residence permit number: _____ validity: year month day</p>	

<p>Delivery of document: <input type="checkbox"/> Applicant requests delivery of the document by way of post. <input type="checkbox"/> Applicant will collect the document at the issuing authority.</p>		<p>E-mail address: Phone number:</p>
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<p>1. Personal data of the applicant</p>		
<p>surname (as shown in passport):</p>	<p>forename (as shown in passport):</p>	
<p>surname by birth:</p>	<p>forename by birth:</p>	
<p>mother's surname and forename at birth:</p>	<p>sex: <input type="checkbox"/> male <input type="checkbox"/> female</p>	<p>marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow(er) <input type="checkbox"/> divorced</p>

6. Dependent spouse, children, parent of the applicant			
name/relationship:	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> long-term visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Number of residence document: <input type="checkbox"/> not residing in Hungary
name/relationship:	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> long-term visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Number of residence document: <input type="checkbox"/> not residing in Hungary
name/relationship:	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> long-term visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card Number of residence document: <input type="checkbox"/> not residing in Hungary
7. Miscellaneous information: Permanent or usual place of residence before arriving to Hungary: Country: Locality: Name of public place:			

Do you have a document evidencing right of residence in another Schengen Member State? yes no

Type and number of permit:

validity:

Have you ever had an application for residence permit rejected previously?

yes no

Have you ever been sentenced for a crime before? If yes, in which country and when, for what crime, and what was your sentence?

yes no

Have you ever been expelled from Hungary, if yes, when?

yes no

year month day

To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?

yes no

If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?

yes no

8. I hereby declare that my minor child shown in my passport is travelling with me to Hungary.

yes no

Attention! If your minor child shown in your passport is travelling with you to Hungary, Appendix A need to be enclosed with your application.

9. Planned duration and reasons of stay

Until when do you wish to have the right of residence? year month day

I hereby declare that the purpose of my stay in Hungary is:

- Job-searching or entrepreneurship (Appendix 1)
- Family reunification (Appendix 2)
- EU Blue Card (Appendix 3)
- Traineeship (Appendix 4)
- Medical treatment (Appendix 5)
- Official (Appendix 6)
- Gainful activity (Appendix 7)
- Research or researcher mobility (long-term) (Appendix 8)
- Visit (Appendix 9)
- Employment (Appendix 10)
- National (Appendix 11)
- Voluntary service activities (Appendix 12)
- Seasonal work (Appendix 13)
- Studies or student mobility (Appendix 14)
- Intra-corporate transfer (Appendix 15)
- Other, specifically: (Appendix 16)

I hereby declare that the information in the application and in the enclosed Appendix(es) is true and correct. I understand that if the application contains any false information it shall be refused.

Date:
signature

I hereby undertake the commitment to leave the territory of Member State of the European Union on my own accord if my application for residence permit is definitively refused. (to be completed if application is made in Hungary)

Date:
signature

Transaction number of payment if made by electronic payment instrument or by bank deposit:

**For completion by the authority.
If the application is approved**

The applicant's stay in Hungary for the purpose of _____ is hereby authorized until _____ year ____ month ____ day.

Date:
(signature, stamp)

Number of residence permit issued: _____

I have received the residence permit.

Date:
(signature of applicant)

In the case of renewal, number of residence permit withdrawn: _____

If the application is refused

Number of the resolution on refusal:

Date of refusal: _____ year ____ month ____ day

Legal basis for refusal:

If the proceeding is terminated

Number of decision on termination:

Date of decision: _____ year ____ month ____ day

Legal basis of the decision:

2. Details of the minor child's place of accommodation in Hungary					
postal code:	locality:			name of public place:	
type of public place:	building number:	building:	block:	floor:	door:
legal title of residence in the place of accommodation: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically:					

3. Miscellaneous information:
<p>To your knowledge, does your child have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If the child suffers from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>

<p><i>For completion by the authority.</i></p> <p style="text-align: center;">If the application is approved</p> <p>The applicant's stay in Hungary for the purpose of family reunification is hereby authorized until ____ year ____ month ____ day.</p> <p>Date: (signature, stamp)</p> <p>Number of residence permit issued:</p> <p>I have received the residence permit.</p> <p>Date: (signature of applicant)</p> <p>In the case of renewal, number of residence permit withdrawn:</p>
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If the application is refused
<p>Number of the resolution on refusal:</p> <p>Date of refusal: ____ year ____ month ____ day</p> <p>Legal basis for refusal:</p>
If the proceeding is terminated
<p>Number of decision on termination:</p> <p>Date of decision: ____ year ____ month ____ day</p> <p>Legal basis of the decision:</p>



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APPENDIX 8
(Research and long-term mobility of researchers)

1. Legal basis of the application
<input type="checkbox"/> research
<input type="checkbox"/> long-term mobility of researchers

In the case of long-term mobility of researchers
name of first Member State:
type of document issued by the first Member State:
number:
validity period: year month day

2. Information about means of subsistence in Hungary	
amount of estimated income from activities:	previous year's taxed income in Hungary:
amount of savings available:	other income/assets for means of subsistence:

3. Miscellaneous information:		
Accompanied by family member? <input type="checkbox"/> yes <input type="checkbox"/> no		
Family member's particulars if accompanying the researcher		
surname (as shown in passport):	forename (as shown in passport):	
surname by birth:	forename by birth:	
mother's surname and forename at birth:	sex: <input type="checkbox"/> male <input type="checkbox"/> female	marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow(er) <input type="checkbox"/> divorced

date of birth: year month day	Place of birth: (country):	family ties: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> parent's spouse <input type="checkbox"/> person under guardianship <input type="checkbox"/> child or distant descendant, or their spouse <input type="checkbox"/> <input type="checkbox"/> other:
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12. Does any of the following special circumstances apply to the third-country national? yes no

- working within the framework of post-doctorate related employment, or under the Bolyai János Research Scholarship as part of the tender or within the framework of the scholarship program;
- being a researcher working within the framework of an international agreement between Hungary and another State, provided that this is verified by a certificate issued by the Hungarian Academy of Sciences;
- being a researcher carrying out research in Hungary under a hosting agreement concluded with a research organisation accredited according to the Government Decree on the Accreditation of Research Organisations Hosting Researchers Who Are Third-country Nationals, and on Hosting Agreements;
- a close relative of military personnel of Member States which are parties to the NATO-SOFA Agreement, stationed in the territory of Hungary and of the civilian staff described under Paragraphs *a*) and *b*) of Point 1 of Article I of the NATO-SOFA Agreement;

INFORMATION

The application for residence permit must be submitted in person with the relevant documents enclosed. One facial photograph must be enclosed with the application. At the time of submitting the application the applicant shall produce his/her valid travel document. The passport must be valid for the authorised duration of residence.

The following must be enclosed with the application:

documents evidencing the purpose of residence

- hosting agreement concluded with the research organisation
- statement of commitment undertaken by the research organisation

documents evidencing the use of lodging

- certified copy of title deed issued within 30 days to date
- residential lease contract
- document on accommodation by courtesy
- completed accommodation registration form signed by landlord
- other document

documents evidencing subsistence

- income certificate issued by the tax authority for the previous year
- income certificate issued by the employer
- other document

documents evidencing comprehensive sickness insurance cover

During the process, the immigration authority may request further documents for ascertaining the relevant facts of the case.

If the conditions that served as the basis for issuing the residence permit have not changed by the time the application for the extension of the residence permit was submitted, and they remain capable to verify the conditions for residence, documents to support such unaltered conditions need not be supplied once again.

The competent immigration authority may be requested to obtain from another authority proof for any data you have supplied. That part of the application shall be construed as consent for the processing and transmission of your personal data. If any requisite data is obtained by the competent immigration authority, the relating charge or administrative service fee must be paid to the immigration authority.