



BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Application for Residence Permit for the Purpose of Volunteering

Authority receiving the application:		File Number: _ _ _ _ _ _ _ _ _ _	
Office recording the data included in the application:		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;">Photo</div>	
<input type="checkbox"/> Residence permit issued for the first time Place of Entry:			
Date of Entry: <p style="text-align: center;">..... Year Month Day</p>			
Number and Expiration Date of Visa:		<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;">[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</div>	
H _ _ _ _ _ _ _ _ _ Year Month Day			
Place of Receipt of Document:			
<input type="checkbox"/> Applicant will receive the document at the issuing authority. <input type="checkbox"/> Applicant will receive the document by postal mail.			
1. Applicant's Personal Data			
Family Name (as per passport):		Given Name(s) (as per passport):	
Family Name at Birth:		Given Name(s) at Birth:	
Mother's Family and Given Name(s) at Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> widow <input type="checkbox"/> married <input type="checkbox"/> divorced
Date of Birth:	Place of Birth (City/Town):		Country:
Year Month Day			
Citizenship:		Nationality (optional):	
Last permanent residence abroad:			
Qualification(s):	Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education		Occupation (prior to arriving in Hungary):

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

3. Planned Duration and Purpose of Residence			
What is the purpose of requesting residence permit? How long do you wish the residence permit to be issued for?			Year Month Day

4. Data of Applicant's Residence in Hungary					
ZIP code:	City /Town:			Name of Public Premises:	
Type of Public Premises:	House Number:	Building:	Staircase:	Floor:	Door:
Legal Title of Residence: <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):					

5. Data related to and Activities undertaken by Host Institution	
Name:	Activities:
Address of Seat:	

6. Data related to Cost of Living in Hungary	
Type of Regular Income:	Monthly amount:
Available savings:	Any additional income / asset:

7. Conditions of Return or Onward Travel					
Which country do you intend to return or travel onward to after the expiration of your legal residence?				What means of transport do you intend to use?	
Do you have the necessary	passport?	visa?	ticket?	financial means?	
	<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

8. Applicant's Spouse, Child, Parent in Hungary			
Name / Relationship:	Place and Date of Birth:	Citizenship:	Legal Title of Residence: <input type="checkbox"/> Visa <input type="checkbox"/> Residence Permit <input type="checkbox"/> Temporary Residence 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
Name / Relationship:	Place and Date of Birth:	Citizenship:	Legal Title of Residence: <input type="checkbox"/> Visa <input type="checkbox"/> Residence Permit <input type="checkbox"/> Temporary Residence 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
Name / Relationship:	Place and Date of Birth:	Citizenship:	Legal Title of Residence: <input type="checkbox"/> Visa <input type="checkbox"/> Residence Permit <input type="checkbox"/> Temporary Residence 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
9. Other Data			
<p>Are you covered by full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your application for residence permit ever been refused? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No (Country, Date, Crime, Penalty):</p>			
<p>Have you ever been expelled from Hungary? If yes, please specify the date. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"> Year Month Day </p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permanent or Habitual Residence (prior your arrival in Hungary): Country: City / Town: Name of Public Premises:</p> <p>Which country do you intend to return or travel onward to after the expiration of your legal residence? Country:</p>			

I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.

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 with the purpose of has been approved until
_____ Year ___ Month ___ Day.

Date:

.....
(Signature of Officer; Seal)

Number of Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:

.....
(Signature of the 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):

INFORMATION

One passport photo has 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 at least for 3 more months after the expiration of the residence permit.

Documents to be enclosed to the application form:

- **document certifying the purpose of residence**
 - volunteer agreement concluded with the host organization
- **document certifying the legal title of residence**
 - notarized copy of title deed in case of own property
 - rental agreement
 - document certifying courtesy use of flat
 - other document
- **document certifying financial background**
 - certificate issued by the host / sending institution concerning regular income
 - 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.

The applicant is able to request the proceeding aliens policing authority to obtain the certificate concerning the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward the personal data of the applicant. If the aliens policing authority obtains the necessary data, the applicant has to pay the related service fees to the aliens policing authority.

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 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):