Appendix no. 9.20



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

**APPENDIX for an application for a residence permit**

**(Medical treatment)**

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| **Please complete the form legibly, In LATIN block letters.** |
|  **1. Name and place of establishment (i.e. registered address) of the host healthcare institution** |
|  name of the healthcare institution:                      |
|  place of establishment (i.e. registered address) of the healthcare institution:                      |
|  **2. If you are accompanying a minor child of yours or another family member of yours who is unable to take care of/provide for himself/herself, the particulars of the family member accompanied** |
|  surname:                      |  forename:                      |
|  surname at birth:                      |  forename at birth:                      |
|  date of birth:      year       month       day |  place of birth (locality):                      |  country:                       |
|  citizenship:                      |  degree of relationship:                      |

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| **3. Information about means of subsistence in Hungary** |
|  Are the means of subsistence provided for the applicant by | the applicant himself/herself? [ ] yes [ ] noa family member?  [ ] yes [ ] noName of the family member providing for the applicant’s means of subsistence:                          Degree of relationship:                 |  |  **ösztöndíjjal biztosítja?** [ ] igen [ ] nem |
| Do you have any savings?[ ]  yes [ ]  no Amount:                Other additional income/properties or assets as means of subsistence: |
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| **INFORMATION NOTICE*****During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.*** |