Appendix no. 9.20



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

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

**(Medical treatment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | |

|  |  |
| --- | --- |
| **3. Information about means of subsistence in Hungary** | |
| Are the means of subsistence provided for the applicant by | the applicant himself/herself?  yes no  a family member?   yes no  Name 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: | |
|  | |

|  |
| --- |
| **INFORMATION NOTICE**  ***During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.*** |