



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



*Residence Permit for Purpose of Intra-corporate Transfer
and long-term Mobility Permit*

<p>Authority receiving the application:</p> <p>_____</p> <hr/> <p><input type="checkbox"/> Issuing Residence Permit</p> <p>Place and Date of Entry:</p> <p>_____yearmonth day</p> <p>Number and Expiration Date of Residence Visa:</p> <p>_____yearmonth day</p> <p><input type="checkbox"/> Renewal of residence permit</p> <p>Number and Expiration Date of Residence Permit:</p> <p>_____yearmonth day</p>	<p align="right">File Number: _ _ _ _ _ _ _ _ _ _ </p> <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; vertical-align: middle;"> <p>Photo</p> </div> <div style="border: 2px solid black; width: 400px; height: 50px; margin: 20px auto;"></div> <p align="center">[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>
<p><input type="checkbox"/> Issuing long-term Mobility Permit:</p> <p>Place and Date of Entry: _____yearmonth day</p> <p>The first Member State, where stayed for purpose of intra-corporate transfer: _____</p> <p>Number and Expiration Date of Residence Permit issued by the first Member State: _____</p> <p>_____yearmonth day</p>	
<p>Place of Receipt of Document:</p> <p><input type="checkbox"/> Applicant will receive the document at the issuing authority. Phone:</p> <p><input type="checkbox"/> Applicant will receive the document by postal mail. E-mail:</p>	
<p>Place of Receipt of Document (in case the application is submitted <u>through a strategic employer</u>):</p> <p><input type="checkbox"/> Applicant will receive the document at the issuing authority in Hungary.</p> <p><input type="checkbox"/> Applicant will receive the document by postal mail.</p> <p><input type="checkbox"/> Applicant residing outside Hungary will receive the visa entitling him/her to the receipt of residence permit at a given Hungarian Representation (i.e. embassy, consulate, etc.). If yes, please specify Representation:</p> <p align="center">(Country, City)</p>	

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: _		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced
Date of Birth: year month day	Place of Birth (City/ Town):		Country: _
Citizenship:		Nationality (optional):	
Last permanent residence abroad:			

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
How long do you wish the residence permit to be issued for? year month day
What is the purpose of requesting residence permit?

4. Data of the applicant's accomodation in Hungary					
ZIP code:	City/Town:		Name of Public Premises:		
Type of Public Premises (road, street, etc.):	House Number:	Building:	Staircase:	Floor:	Door:
Legal Title to 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 Cost of Living in Hungary	
Amount of expected income deriving from employment:	Net income in Hungary (previous year):
Available savings:	Any supplementary income/assets:

6. 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?
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, the amount is: <input type="checkbox"/> No

7. Spouse, Child, Parent residing abroad or in Hungary supported by Applicant				
Name/Relationship:	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
Number of Residence Document:				
Name/Relationship:	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
Number of Residence Document:				
Name/Relationship:	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
Number of Residence Document:				

8. 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 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 wish to return to or travel onward to after the expiration of your legal residence?

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

Do you hold a document entitling you to legal residence in another Schengen Member State? Yes No

Number and Expiration Date of Residence Permit:

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 in Hungary with the Purpose of Intra-corporate Transfer and long-term Mobility Permit 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.

The application for Residence Permit for Purpose of Intra-corporate Transfer and long-term Mobility Permit enclosed the necessary documents must be submitted not later than 20 days before the beginning of the long-term mobility or 20 days before the expiration of the short-term mobility permit spent in Hungary.

Documents to be enclosed to the application form:

Document certifying the purpose of residence:

- The contract of employment or engagement letter between third country nationals and company established in third country that includes: *a)* the date of the intra-corporate transfer of executive and professional employees for at least three and not more than twelve months, trainee-worker was preceded by continuous employment for at least three and not more than six months in the same company or within the same business group. *b)* wages and other employment conditions for the duration of the

definition of intra-corporate transfer provided, *c)* the title of third country national *d)* the confirmation, of ensuring the return of the third country national to the same company or business group and to an organization settled in a third country *e)* a declaration, which states that every conditions required by law for the particular occupational field workers, posted workers in a similar situation to the sectoral collective agreement provisions are met.

- A certification, that the Hungarian host organization and the company settled in a third country belongs to the same company or business group,
- In case of the executive employee or expert a higher education degree or professional qualification or in case of the trainee-worker a higher education qualification documents,
- Statement issued by the host organization in Hungary, according to which the executive employee or expert has the necessary experience of the intra-corporate transfer,
- Statement issued by the host organization in Hungary, according to in which Member States of the EU how long periods will be the intra-corporate transfer
- Document certifying the legal title to residence filled out address/ accommodation registration form signed by the property owner
- Document certifying financial background
 - previous year's income certificate issued by taxing authority (NAV)
 - income certificate issued by employer, or preliminary agreement, or employment contract
 - other relevant document (e.g. bank account statement, balance statement)
- **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"

FOR CONDUCTING JOINT AUTHORIZATION PROCEDURE

1. Employer's Data					
Name:					
Address of Employer's Seat:					
ZIP code:		City/ Town:		Name of Public Premises:	
Type of Public Premises (road, street, etc.):		House Number:	Building:	Staircase:	Floor:
VAT Identification Number / Tax Identification Number of Employer:		Statistical Code Number:		NACE Code:	
2. Data of Company/ Company Group established in a Third Country:					
Name:					
Seat (Country, City):					
3. Position to be filled within intra-corporate transfer:					
<input type="checkbox"/> Manager <input type="checkbox"/> Expert <input type="checkbox"/> Intern					
4. Duration and Place of Intra-Corporate Transfer within EU:					
Name of first Member State and planned duration of stay:					
Name of second Member State and planned duration of stay:					
Name of further Member State(s) and planned duration of stay:					
5. Qualification(s) necessary to fill the position:		6. Education:		7. Occupation prior to arrival in Hungary:	
		<input type="checkbox"/> primary school <input type="checkbox"/> trade school <input type="checkbox"/> vocational school <input type="checkbox"/> high school <input type="checkbox"/> secondary school <input type="checkbox"/> technical school <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 grades			
8. Duration of Employment at the company or company group established in a third country prior to the date of intra-corporate transfer:				9. Position (ISCO Code):	
10. Place of Employment:		10.2. Due to the nature of work does the place of employment cover more counties?		10.3. Are you going to be deployed in more premises affiliated with Employer located in different counties?	
10.1. Is there only ONE place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ (ZIP code) Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, initial place of employment: _____ (ZIP code) Address: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Skills and knowledge necessary to fill the position					
Years of professional experience relevant to position:					
Special knowledge, skills and abilities relevant to position:					
Knowledge of Language(s)					
Native Language(s):					
Other Language(s):					
Do you speak Hungarian? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Have you ever been deployed in Hungary? Yes No

If yes, expiration date of previous joint permit:

Previous Employer in Hungary

Name:

Address:

INSET "B"

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

Authority receiving the application:	File Number: _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> Residence permit issued for the first time	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding: 5px;">Photo</div> <div style="border: 2px solid black; width: 400px; height: 60px; margin: 10px auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box.</p>
Place and Date of Entry: _____ Year Month Day	
Number and Expiration Date of Residence Visa _____ Year Month Day	
<input type="checkbox"/> Renewal of residence permit	
Number and Expiration Date of Residence Permit: _____ Year Month Day	

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

2. Data of Minor Child's Residence in Hungary					
ZIP Code:	City/Town: _			Name of Public Premises: _	
Type of Public Premises: _	House Number: _	Building: _	Staircase: _	Floor: _	Door: _
Legal Title to 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:					

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 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):