



**BEVÁNDORLÁSI ÉS  
MENEKÜLTÜGYI  
HIVATAL**



*Application for Residence Permit for the Purpose of Visit*

<b>Authority receiving the application:</b>	File Number:  _ _ _ _ _ _ _ _ _ _	
<input type="checkbox"/> <b>Residence permit issued for the first time</b>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding: 5px;">Photo</div>	
<b>Place of Entry:</b> _____		
<b>Date of Entry:</b>  ..... Year ..... Month ..... Day		
<b>Number and Expiration Date of Residence Visa:</b> _____ ..... Year ..... Month ..... Day		
<input type="checkbox"/> <b>Renewal of residence permit</b>	<div style="border: 2px solid black; width: 400px; height: 40px; margin: 0 auto;"></div> <p>[Signature Specimen of Applicant (Legal Representative)]</p> <p>Please make sure your signature fits in the box.</p>	
<b>Number and Expiration Date of Residence Permit:</b> _____ ..... Year ..... Month ..... Day		
<b>Place of Receipt of Document:</b> <input type="checkbox"/> Applicant will receive the document <b>at the issuing authority.</b> <input type="checkbox"/> Applicant will receive the document <b>by postal mail.</b>		
<b>Phone:</b> _____ <b>E-mail:</b> _____		
<b>1. Applicant's Personal Data</b>		
<b>Family Name (as per passport):</b>	<b>Given Name(s) (as per passport):</b>	
Family Name at Birth:	Given Name(s) at Birth:	
Mother's Family and Given Name(s) at Birth:	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Marital Status:</b> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
<b>Date of Birth:</b> Year      Month      Day	<b>Place of Birth (City/Town)</b>	<b>Country:</b>
<b>Citizenship:</b>	Nationality (optional):	

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

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

<b>4. Host's (Natural Person) Personal Data</b>		
<b>Family Name:</b>	<b>Given Name(s):</b>	
Family Name at Birth :	Given Name(s) at Birth :	
<b>Date of Birth:</b> <b>Year</b> <b>Month</b> <b>Day</b>	<b>Place of Birth (City/Town):</b>	<b>Country:</b>
<b>Citizenship:</b>	<b>Number of Invitation Letter with Official Endorsement:</b>	
<b>If Host is a foreign natural person:</b> <input type="checkbox"/> immigrated; <input type="checkbox"/> settled; <input type="checkbox"/> refugee recognized by Hungary; <input type="checkbox"/> holder of residence permit; <input type="checkbox"/> person granted the right to free movement and residence;	<b>Number and Validity of Official Certificate:</b>	

<b>5. Host's (Hungarian Legal Person) Data</b>	
<b>Name:</b>	<b>Number of Invitation Letter with Official Endorsement:</b>
<b>Address of Seat:</b>	

<b>6. Data of Applicant's Residence in Hungary</b>					
<b>ZIP code:</b>	<b>City/Town:</b>		<b>Name of Public Premises :</b>		
<b>Type of Public Premises:</b>	<b>House number:</b>	<b>Building:</b>	<b>Staircase:</b>	<b>Floor:</b>	<b>Door:</b>
<b>Legal Title to Residence:</b> <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): _____					

**8. Spouse, Child, Parent residing abroad or in Hungary supported by Applicant**

<b>Name/Relationship:</b>	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
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**Number of Residence Document:**

<b>Name/Relationship:</b>	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
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**Number of Residence Document:**

<b>Name/Relationship :</b>	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
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**Number of Residence Document:**

**9. 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 employment has been approved until

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

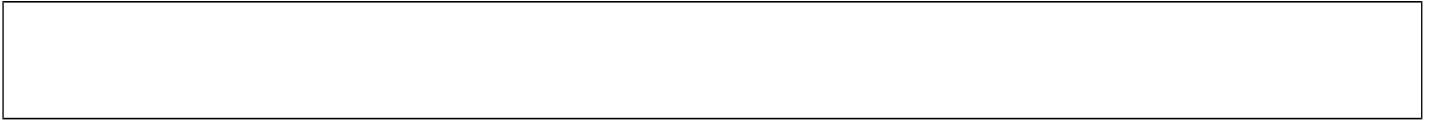
Reasons for Denial (in brief): \_\_\_\_\_

**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.

**Documents to be enclosed to the application form :**

- invitation letter with official endorsement
- filled out address/ accommodation registration form signed by the property owner

*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"

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

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

<b>1. Personal Data of Minor Child</b>		
<b>Family Name (as per passport):</b> _	<b>Given Name(s) (as per passport):</b> _	
<b>Family Name at Birth:</b> _	<b>Given Name(s) at Birth:</b> _	
<b>Mother's Family and Given Name(s) at Birth:</b> _	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b> _
<b>Date of Birth:</b> Year      Month      Day	<b>Place of Birth (City/ Town):</b> _	<b>Country:</b> _

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