



ORSZÁGOS  
IDEGENRENDESZETI  
FŐIGAZGATÓSÁG



**Application for extension of immigration, permanent residence, interim permanent residence, national residence and EC permanent residence permit**

<i>For completion by the authority.</i> Authority receiving the application:	Automated case No.:  _ _ _ _ _ _ _ _ _ _
	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center;">Facial photograph</div>
	<div style="border: 1px solid black; width: 300px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)]</p> <p style="text-align: center;">Signature must be inside the box in its entirety.</p>
PLEASE COMPLETE THE FORM LEGIBLY, IN BLOCK LETTERS, USING LATIN CHARACTERS.	

<b>Delivery of document:</b> <input type="checkbox"/> Applicant requests delivery of the document <b>by way of post.</b> <b>E-mail address:</b> <input type="checkbox"/> Applicant will collect the document at the <b>issuing authority.</b> <b>Phone number:</b> <input type="checkbox"/> Applicant will collect the document at the <b>diplomatic or consular mission</b> (if authorised under Section 35/A of the Act on the Admission and Right of Residence of Third-Country Nationals). Phone number: E-mail address:	
<b>Legal basis of the application:</b> <input type="checkbox"/> extension of permanent residence permit document <input type="checkbox"/> extension of immigration permit document	<input type="checkbox"/> extension of interim permanent residence permit document (Appendix "A" is required) <input type="checkbox"/> extension of national permanent residence permit document <input type="checkbox"/> extension of EC permanent residence permit document <input type="checkbox"/> extension of national residence document issued under Section 35/A of the Act on the Admission and Right of Residence of Third-Country Nationals

Number and validity of document evidencing right of residence to be renewed:

**Particulars of the applicant**

Surname:

Forename(s):

Date of birth:    year    month    day

Passport number and validity:

Full address of place of residence:

Postal code:

Land register reference number:

Locality:

District:

Name of public place:

Type of public place (street, road, square, etc.):

Building number:

Building:                          Block:                          Floor:                          Door:

**Please renew my document evidencing right of residence of number above written.**

**I hereby declare that all data and information indicated above are true and correct.**

Date: .....

.....  
(signature of applicant)

Transaction number of payment if made by electronic payment instrument or by bank deposit:

**INFORMATION**

The application shall have enclosed:

- 1 facial photograph
- the residence authorisation document to be renewed.

An administrative service fee in the amount specified by law must be paid.

*For completion by the authority.*

The expired residence authorisation of number \_\_\_\_\_ has been withdrawn and received.

Date: .....

stamp

.....  
(signature of case officer)

Extension of the document is authorised.

Date.....

stamp

.....  
(signature)

The residence authorisation of number \_\_\_\_\_ has been received/handed over.

Date: .....

.....  
(signature of applicant)

.....  
(signature of case officer, stamp)



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***APPENDIX "A"***

*(Extension of interim permanent residence permit)*

<b>I. EC residence permit certifying long-term residence status granted by any Member State of the European Union</b>					
number:					
validity period:					
date of issue:					
place of issue:					
date of entry into Hungary:					
<b>II. Purpose of stay in Hungary</b>					
<b>1. Information on employment</b>					
Name of Hungarian employer:					
registered address:					
Date of prior agreement with the employer/date of document evidencing employment relationship:					
year                      month                      day					
<b>2. Information on gainful activity</b>					
<input type="checkbox"/> Private entrepreneur <input type="checkbox"/> Small-scale farmer <input type="checkbox"/> Senior officer of business association <input type="checkbox"/> Member of business association					
<input type="checkbox"/> Member of supervisory board of a business association <input type="checkbox"/> Other, specify:					
If a self-employed entrepreneur or small-scale farmer, number of relevant certificate:					
Particulars of business association managed					
name:					
Registered address:					
postal code:	locality:			name of public place:	
type of public place:	building number:	building:	block:	floor:	door:

**3. Information on the pursuit of studies**

Particulars of host education establishment

name:	type of education: <input type="checkbox"/> secondary education <input type="checkbox"/> bachelor training <input type="checkbox"/> advanced training <input type="checkbox"/> other training  type of training: <input type="checkbox"/> preparatory course <input type="checkbox"/> basic training
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**4. Other purpose of stay, specify:**

*For completion by the authority.*

The expired residence authorisation of number \_\_\_\_\_ has been withdrawn and received.

Date: .....

stamp

.....  
(signature of case officer)

Extension of the document is authorised.

Date.....

stamp

.....  
(signature)

The residence authorisation of number \_\_\_\_\_ has been received/handed over.

Date: .....

.....  
(signature of applicant)

.....  
(signature of case officer, stamp)