

**APPENDIX "A"****(for the extension of an interim permanent residence permit, interim residence card)**

<b>PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.</b>					
<b>I. EC permanent residence permit verifying a long-term residence status issued by another EU Member State</b>					
Document number:			Date of expiry:      year      month      day		
Date of issuance:      year      month      day			Place of issuance:		
Date of entry to Hungary:					
<b>II. Purpose of residence in Hungary</b>					
<b>1. Particulars of employment</b>					
Name of the Hungarian employer:					
Place of establishment (i.e. registered address) of the employer:					
Date of conclusion of a preliminary agreement with the employer / document verifying the existence of the employment relationship:      year      month      day					
<b>2. Information on gainful activity</b>					
<input type="checkbox"/> Self-employed <input type="checkbox"/> Small-scale producer/farmer <input type="checkbox"/> Chief executive of a business organisation <input type="checkbox"/> Member of business organisation					
<input type="checkbox"/> Member of the supervisory board of a business organisation <input type="checkbox"/> Other, specifically:					
In case of a self-employed person or a small-scale producer/farmer, the document number of the relevant certificate:					
<b>Particulars of the business organisation managed</b>					
Name:					
Place of establishment (i.e. registered address):					
Postal code:		Locality:		Name of the public place:	
Type of the public place (i.e. street, road, square, etc.):		Street number:	Building:	Stairway:	Floor:
Door:					
<b>3. Particulars of pursued studies</b>					
Particulars of host education establishment					
Name:					
attainment:				type:	
<input type="checkbox"/> secondary education <input type="checkbox"/> undergraduate training programme/Bachelor's degree <input type="checkbox"/> continuing further education/professional training programme level <input type="checkbox"/> other training				<input type="checkbox"/> preparatory training programme <input type="checkbox"/> <input type="checkbox"/> certificate/degree training programme	
<b>4. Other purpose of residence specified:</b>					

***For completion by the authority.***

I revoked the expired residence permit no. ...., and received the submitted permit.

Date: .....

Stamp:

.....

(signature of the case worker)

I received/handed over the residence permit no. ....

Date: .....

.....

(signature of the applicant)

.....

(signature, stamp of the case worker)