



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



Application form for a temporary residence permit

<p><i>For completion by the authority.</i> The authority receiving the application: _____</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Facial photograph</p> </div> <div style="border: 2px solid black; width: 400px; height: 60px; margin: 0 auto;"></div> <p>[Handwritten signature specimen of the applicant (legal representative)]. The signature must be inside the box in its entirety..</p>
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PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

<input type="checkbox"/> First time issuance of a residence permit		
Border crossing point as place of entry:	date of entry:	year month day
Document number and date of expiry of the residence visa: H □□□□□□□□ year month day		
Place of delivery of the document: <input type="checkbox"/> The applicant will collect the document at the issuing authority. <input type="checkbox"/> The applicant requests delivery of the document by way of post.		
1. Personal data of the applicant		
surname (as shown in the passport):	forename (as shown in the passport):	
surname at birth:	forename at birth:	
mother's surname and forename at birth:	sex:	marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> married

		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> widow(er) <input type="checkbox"/> divorced	
date of birth: day year month		place (locality) of birth:		country:	
citizenship:			nationality/ethnicity (nonmandatory data):		
last permanent place of residence before arriving in Hungary:					
professional qualification(s):		educational attainment: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> tertiary		Occupation before arriving in Hungary:	
2. Particulars of the applicant's passport					
passport number:			date and place of issuance: year month day		
passport type: <input type="checkbox"/> ordinary <input type="checkbox"/> service/official <input type="checkbox"/> diplomatic <input type="checkbox"/> other			date of expiry: year month day		
3. Planned duration of stay and reasons					
How long and for what reason are you applying for a residence permit? year month day					
4. Particulars of the applicant's place of accommodation in Hungary					
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:
legal titel of residence in the place of accommodation: <input type="checkbox"/> owner <input type="checkbox"/> (sub)tenant <input type="checkbox"/> family member <input type="checkbox"/> courtesy user of accommodation <input type="checkbox"/> other, specifically:					
5. Information about means of subsistence in Hungary					
amount of savings held available:			other additional income/properties or assets as means of subsistence:		
6. Conditions for return or onward travel					
When your legal stay expires, which country will you return or travel onwards to?				By which means of transport?	
Do you have the necessary	passport? <input type="checkbox"/> yes <input type="checkbox"/> no	visa? <input type="checkbox"/> yes <input type="checkbox"/> no	ticket(s)? <input type="checkbox"/> yes <input type="checkbox"/> no	financial coverage? <input type="checkbox"/> yes, amount: <input type="checkbox"/> no	
7. Other details					
Do you have full health insurance for the duration of your stay in Hungary? <input type="checkbox"/> yes <input type="checkbox"/> no					
Have you ever participated in the working holiday scheme in Hungary before? <input type="checkbox"/> yes <input type="checkbox"/> no					
Have you ever had a rejected application for a residence permit before? <input type="checkbox"/> yes <input type="checkbox"/> no					
Have you been sentenced for a crime before? If yes, in which country and when, for what crime, and what was your punishment, sentence? <input type="checkbox"/> yes <input type="checkbox"/> no					
Have you ever been expelled from Hungary, if yes, when? <input type="checkbox"/> yes <input type="checkbox"/> no year month day					
To your knowledge, do you have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or are you a carrier of the infectious agent of HIV, hepatitis B,					

typhoid or paratyphoid fevers in your body?

yes no

If you suffer from any of the diseases specified above, or if you are contagious or a carrier of infectious disease pathogens, do you receive compulsory and regular medical treatment with regard to the said diseases?

yes no

8. Permanent or habitual place of residence before arriving in Hungary:

Country:

Locality:

Name of the public place:

9. In case your right of residence ceases, which country will you travel onwards to?

Country:

10. I hereby declare that all data indicated above are true and correct. I understand that submission of false data or information shall result in the refusal of the application.

Date:

.....

signature

11. I hereby declare that I undertake voluntarily departure from the territory of the Member States of the European Union in case a final decision is made on my application case for a residence permit. (to be completed if the application is submitted in Hungary)

Date:

.....

signature

12. I undertake to leave the territory of the Member States of the European Union and other Schengen States within 8 days of the date on which my residence permit ceases to be valid.

In this context, I declare that I am going to undertake voluntary departure and fulfil my obligation to leave to as a country which is considered a safe country of origin or a safe third country for me, where I will not be at risk of persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion, or as defined in Article XIV(3) of the Fundamental Law of Hungary.

The country of expulsion is:

a state where I have my habitual place of residence and that I am allowed to enter with the following permit:

type and number of the permit: ,

the/a state of my citizenship,

a state that I am allowed to enter with the following permit:

type and number of the permit: ,

It is known to me that if I do not comply with the provisions of the decision of expulsion by the deadline specified in the decision, the immigration authority will carry out the expulsion under law enforcement escort and impose a ban on my entry and stay.

Date:

Signature:

For completion by the authority.

If the application is approved

I hereby approve the applicant's residence in Hungary for the purpose of until year month day.

Date:

.....

(signature, stamp)

Document number of the residence permit issued and handed over:

I have received the residence permit.

Date:

.....

(signature of the applicant)

In case of extension, the document number of the residence permit withdrawn:

If the application is refused

Number of the resolution on refusal: Date of the refusal: year month day
Grounds of the refusal (in short):

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.