Appendix no. 17.1

***APPENDIX “A”***

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

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| **PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.** |
|  **I. EC permanent residence permit verifying a long-term residence status issued by another EU Member State** |
| Document number:                           | Date of expiry:       year       month       day |
| Date of issuance:       year       month       day | Place of issuance:                 |
| Date of entry to Hungary:       |
| **II. Purpose of residence in Hungary** |
| **1. Particulars of employment** |
| **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** |
| **2. Information on gainful activity** |
| **[ ]  Self-employed [ ]  Small-scale producer/farmer [ ]  Chief executive of a business organisation [ ]  Member of business organisation** **[ ]  Member of the supervisory board of a business organisation [ ]  Other, specifically:** |
| **In case of a self-employed person or a small-scale producer/farmer, the document number of the relevant certificate:** |
| **Particulars of the business organisation managed** |
| **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:       |
| **3. Particulars of pursued studies**Particulars of host education establishment |
| Name:                                                                   |
| attainment:[ ]  secondary education [ ]  undergraduate training programme/Bachelor’s degree [ ]  continuing further education/professional training programme [ ]  other training programme level |  type: [ ]  preparatory training programme [ ]  certificate/degree training programme |
| **4. Other purpose of residence specified:**                                                                        |
| ***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) |
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