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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