

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

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					
<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:					
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:			type:		
<input type="checkbox"/> secondary education <input type="checkbox"/> undergraduate training programme/Bachelor's degree <input type="checkbox"/> continuing further education/professional training programme <input type="checkbox"/> other training programme level			<input type="checkbox"/> preparatory training programme <input type="checkbox"/> 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:

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(signature of the case worker)

I received/handed over the residence permit no.

Date:

.....

(signature of the applicant)

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(signature, stamp of the case worker)