*Annex no. 19 to Minister of Interior Decree no.9/2024 (of II.29.)*



**National Directorate-General for Aliens Policing**

**Országos Idegenrendészeti Főigazgatóság**

**Application form for the replacement of a residence permit / a permanent residence permit / an immigration permit / an EC permanent residence permit / a national permanent residence permit / an interim permanent residence permit / EU residence card / a national residence card / an interim residence card document**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***For completion by the authority.***  The authority receiving the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | | | | | | | | |
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|  | | | | | | | Facial photograph | | |  | |
|  | | | | | | |  | | |  | |
|  | | | | | | |  | | |  | |
| Date of receipt of the application:  \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day | | | | | | | | |  | | | | | | |  | | |  | |
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|  | | |  | | | | | | | |  |
|  | | | [Handwritten signature specimen of the applicant (legal representative)]  The signature must be inside the box in its entirety. | | | | | | | |  |
|  | | |  |
| **Please complete the form legibly, In LATIN block letters.** | | | | | | | | | | | | | | | | | | | | |
| **Legal basis of the application:** | | | | | | | | | | | | | | | | | | | | |
| replacement of a residence permit document  replacement of an immigration permit document  replacement of a permanent residence permit document | | | | | replacement of an EC permanent residence permit  replacement of a national permanent residence permit  replacement of an interim permanent residence permit | | | | | | | | | | | | replacement of an EU residence card  replacement of a national residence card  replacement of an interim residence card | | | |
| **Delivery of document:**  The applicant requests delivery of the document **by way of post.**  The applicant will collect the document at the **issuing authority**. | | | | | | | | | | | | | | | Telephone number: | | | | | |
| Email address: | | | | | |
| **I. Personal data of the applicant as shown in the applicant’s document** | | | | | | | | | | | | | | | | | | | | |
| 1. Surname: | | | | | | | | | | | 2. Forename(s) | | | | | | | | | |  |
| 3. Date of birth:       year       month       day | | | | | | | 4. Marital status:  unmarried  married  divorced  widow(er) | | | | | | | | | | | | | |
| 5. Passport number:                                date of expiry:       year       month       day | | | | | | | | | | | | | | | | | | | | |
| 6. Document number of the applicant’s residence permit document:                     date of expiry :       year       month       day | | | | | | | | | | | | | | | | | | | | |
| 7. Place of accommodation/residence in Hungary | | | | | | | | | | | | | | | | | | | | |
| Postal code: | | Parcel identification/land register reference number (topographical LOT no.): | | | | Locality: | | | | | | | | | District: | | | Name of thepublic place: | | |
| Type of the public place (i.e. street, road, square, etc.): | | | | Street number: | | | | Building: | | | | | Stairway, floor, door: | | | | | | | |
| 8. Are you a holder of a residence permit or a permanent residence permit in another Member State of the European Union? | | | | | | | | | | | | | | | | | | | | |
| yes no | If the answer is yes, the name of the member state: | | | | | | | | | | | | | | | | | | | |
| type of the document: | | | | | | | | | | document number of the document:  date of expiry:       year       month       day | | | | | | | | | | |
| **II. Particulars of family members of the applicant** | | | | | | | | | | | | | | | | | | | | |
| Do you have any Hungarian national family members?  yes  no  Do you have any EEA national family members? yes  no | | | | | | | | | | | | | | | | | | | | |
| Name of the family member living in Hungary: | | | | | | | | | | | | | | | | | | | | |
| Date and place of birth:                               ,       year       month       day | | | | | | | | | | | | | | | | | | | | |
| Place of residence in Hungary: | | | | | | | | | | | | | | | | | | | | |
| **III. What kind of a data change do you wish to report?** *(Indicating more than one answer is allowed.)* | | | | | | | | | | | | | | | | | | | | |
| Change of surname Change of forename Change of gender indication Change of citizenship  Other, specifically: | | | | | | | | | | | | | | | | | | | | |
| **New data:** | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | Forename(s): | | | | | | | | | | |
| sex:  male female | | | Citizenship: | | | | | | | | | | | Other data: | | | | | | |
| Transaction number of payment if made by an electronic payment instrument or by a bank deposit: | | | | | | | | | | | | | | | | | | | | |
| **INFORMATION NOTICE** | | | | | | | | | | | | | | | | | | | | |
| The following must be attached to/enclosed with the application :   * a document or certified copy of a document substantiatingthe relevant data change, * the valid residence permit document, * 1 facial photograph.   The procedure is subject to the payment of an administrative service fee at the rate laid down in the specific legislation.  If the residence document incorporates manufacturing defect or indicates incorrect data, the regional directorate will replace the document free of charge. | | | | | | | | | | | | | | | | | | | | |
| ***For completion by the authority.***  I approve the replacement of the document.  Date: ………………………….. Stamp …………………………….…………………  (signature)  I revoked the residence permit document 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) | | | | | | | | | | | | | | | | | | | | |