

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:							
			F	acial photograph			
				merur Priorografia-			
Date of receipt of the application:							
year month day							
·							
		[Handwritt	en signatu	ire specimen of the ap	plicant (legal		
		-	_	epresentative)]	•		
		The signat	ure must	be inside the box in	its entirety.		
PLEASE COMPLET	TE THE FORM L	EGIBLY, IN LA	TIN BLO	OCK LETTERS.			
Legal basis of the application:							
replacement of a residence permit document	☐ replacement of an EC permanent residence permit ☐ replacement of an EU residence permit card		f an EU residence				
replacement of an immigration permit document	replacement of a national permanent residence permit resi		f a national residence				
replacement of a permanent residence permit document	replacement o residence permit	f an interim perma	anent	replacement o			
				residence card	•		
Delivery of document:			Telephor	ne number:			
☐ The applicant requests delivery of the document by way of ☐ The applicant will collect the document at the issuing auth			Email ad	nail address:			
I. Personal data of the applicant as show	n in the applicant'	's document					
1. Surname:		2. Forename(s	s)				

3. Date of birth: day	year r	month	4. N	Aarital sta	atus:	unma	urried	arried	divorce	d \square	widow(er)
5. Passport number:			•	date	e of expir	y:	year	mor	nth da	ay	
6. Document number of month day			•	it docum	ent:			date	of expiry :		year
7. Place of accommoda	tion/residence.	e in Hunga	ry								
i r r	Parcel dentification/legister referen number (topog LOT no.):	land nce	Locality	<i>7</i> :			District:		Name of the	iepubli	ic place:
Type of the public plac road, square, etc.):	e (i.e. street,	Street num	nber:	er: Building: Stairway, floor, door:							
8. Are you a holder of a	a residence pe	ermit or a po	ermanen	t residen	ce permit	in and	other Membe	er State	of the Euro	pean	Union?
yes no If th	ne answer is y	es, the nam	ne of the	member	state:						
type of the document:					documen	t num	ber of the do	cumen	t:		
					date of ex	xpiry:	year	1	month	day	
II. Particulars of fam											
Do you have any Hung					no						
Do you have any EEA		<u> </u>	s? yes	s 🗌 no							
Name of the family me	mber living in	n Hungary:									
Date and place of birth:	•			,	yea	ar	month	da	y		
Place of residence in H	ungary:										
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:					Forenam	ne(s):					
sex: male	Citizenship):				О	ther data:				
female											
Transaction number of	payment if m	ade by an e					r by a bank d	eposit:			
					ON NOT	ГІСЕ					
The following must be a	attached to/en	closed with	the app	lication :							
a document orthe valid resid1 facial photog	ence permit d	-	ment su	bstantiati	ng the rel	evant	data change,	,			
The procedure is subjec	t to the payme	ent of an ad	lministra	ative serv	ice fee at	the ra	ate laid down	in the	specific leg	islatio	n.
If the residence documed document free of charge	_	tes manufac	cturing d	lefect or i	ndicates i	incorr	ect data, the	regiona	al directorat	e will	replace the

For completion by the authority.		
I approve the replacement of the document.		
Date:	Stamp	
		(signature)
I revoked the residence permit document no	o, and received	the submitted permit.
Date:	Stomp	
Date:	Stamp	
	(signature of tl	he case worker)
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,
I received/ handed over the residence permi	it no	
D		
Date:		
(signature of the applicant)	(signature, stamp of the case worker)