



**National Directorate-General for  
Aliens Policing  
Országos Idegenrendészeti  
Főigazgatóság**



**Application form for a National Residence Card, for an Interim Residence Card, or for an EU Residence Card**

<p><i>For completion by the authority.</i></p> <p>(The authority receiving the application):</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p>Facial photograph</p> </div>
<p>Date of receipt of the application:</p> <p style="text-align: right;">year          month          day</p>	
<p> </p>	
<p> </p>	<div style="border: 1px solid black; width: 400px; height: 40px; margin: 0 auto;"></div> <p>[Handwritten signature specimen of the applicant (legal representative).] The signature must be inside the box in its entirety.</p>
<p><b><u>PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.</u></b></p> <p><b><u>PLEASE BE ADVISED TO NOT FORGET TO FILL IN THE RELEVANT APPENDIX IN RELATION TO YOUR PARENTS, SPOUSE(S), CHILDREN, OR OTHER PERSONS WISHING TO APPLY FOR A NATIONAL RESIDENCE CARD, FOR AN INTERIM RESIDENCE CARD, OR FOR AN EU RESIDENCE CARD TOGETHER WITH YOU.</u></b></p>	
<p><b>The type of residence card applied for is a/an</b></p> <p><input type="checkbox"/> Interim Residence Card (Completion of Appendix “F is required)</p> <p><input type="checkbox"/> National Residence Card</p> <p><input type="checkbox"/> EU Residence Card</p>	<p><b>Email address:</b></p> <p><b>Telephone number:</b></p>
<p><b>Place of delivery of the document:</b></p> <p><input type="checkbox"/> The applicant requests delivery of the document by way of post.</p>	

<input type="checkbox"/> The applicant will collect the document at the issuing authority					
<b>I. Personal data of the client applying for a residence card</b>					
<b>Name of the applicant</b>					
Surname:			Forename(s):		
<b>Previous name or name at birth</b>					
Surname:			Forename(s):		
<b>Mother's name at birth</b>					
Surname:			Forename(s):		
<b>Date of birth:</b>		year		month	
day		Place of birth (Locality):		Country:	
Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Divorced
Place of marriage:		Date:		year month day	
Citizenship:			Other citizenship(s):		
Former citizenship(s):			Nationality/Ethnicity (nonmandatory data):		
Professional qualification(s):					
Are you currently pursuing studies?					
<input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, name of the educational institution:					
Educational attainment:		<input type="checkbox"/> Primary		<input type="checkbox"/> Secondary	
				<input type="checkbox"/> Tertiary	
Level of proficiency in the Hungarian language:		<input type="checkbox"/> Basic		<input type="checkbox"/> Intermediate	
				<input type="checkbox"/> Advanced	
				<input type="checkbox"/> Proficient, i.e. level of proficiency is similar to that of a native speaker of Hungarian	
<b>II. Last foreign place of residence before arriving in Hungary</b>					
Postal code:		Country:		Locality:	
Name of the public place:					
Type of the public place (i.e. street, road, square, etc.):		Street number:		Building:	
				Stairway:	
				Floor:	
				Door:	
<b>III. Particulars of the applicant's travel document</b>					
Passport number:			Passport type:		
			<input type="checkbox"/> Ordinary passport		
			<input type="checkbox"/> Service/Official passport		
Date of issuance: year month day			<input type="checkbox"/> Diplomatic passport		
Date of expiry: year month day			<input type="checkbox"/> Passport issued to a person who has been granted refugee status or beneficiary of subsidiary form of protection status		



In case of private accommodation, legal title of residence in the place of accommodation  
 Owner                                       Sub-lessee                       (Sub)Tenant                       Family member  
 Courtesy user of accommodation     Other, specifically:

If you have been granted refugee status or beneficiary of subsidiary form of protection status by Hungary, indicate the address of your place of residence in Hungary.

Postal code:	Locality:	District:	Name of the public place:
Type of the public place (i.e. street, road, square, etc.):		Street number:	Parcel identification/land register reference number (topographical LOT no.):
Building:	Stairway:	Floor:	Door:

**VII. Particulars of the applicant's future place of residence in Hungary**

Postal code:	Locality:	District:	Name of the public place:
Type of the public place (i.e. street, road, square, etc.):		Street number:	parcel identification/land register reference number (topographical LOT no.):
Building:	Stairway:	Floor:	Door:

In case of private accommodation, legal title of residence in the place of accommodation  
 Owner                                       Sub-lessee                       (Sub)Tenant                       Family member  
 Courtesy user of accommodation     Other, specifically:

Number of persons living in the dwelling (including the applicant)	
Number of rooms used by the applicant only, and the floor space of such rooms:	Total floor space of the property: m <sup>2</sup>

For how long can you stay in the dwelling:  Indefinitely  For a fixed period, until                      year                      month                      day.

I hereby consent for the applicant to register the real estate property of which I am the owner / beneficial user as his/her place of residence. (Please underline the relevant text part.)

Date: .....  
.....  
signature of the provider of the place of accommodation

**VIII. Source of provision of means of subsistence in Hungary**

<input type="checkbox"/> Savings account at a financial institution	(Please complete Section IX.)
<input type="checkbox"/> Property/Properties or rights of property value (financial assets tangible or intangible) in Hungary	(Please complete Section X.)
<input type="checkbox"/> Gainful employment (contract of employment or any other work-related contractual relationship)	(Please complete Section XI.)
<input type="checkbox"/> Other occupational activity	(Please complete Section XII.)
<input type="checkbox"/> Pension, annuity received from abroad	(Please complete Section XIII.)
<input type="checkbox"/> Provided by a family member living in Hungary	(Please complete Appendix.)
<input type="checkbox"/> Other, specifically:	

**IX. If you are planning to provide for your means of subsistence from your own or your supporter's cash savings deposited at a financial institution**

Name of the financial institution where the account is held:
Name of person(s) entitled to have access to the account:

Amount of cash available in each currency:

Type of currency	Amount

**X. If you are planning to provide for your means of subsistence from your own or your supporter's properties or rights of property value (financial assets tangible or intangible) in Hungary**

Description of assets and rights:

Estimated market value: HUF

**XI. If you are planning to provide for your means of subsistence from your own or your supporter's income from gainful employment (contract of employment or any other work-related contractual relationship)**

Total income from the previous calendar year and the current year:

Total net income from work for the year before the submission of the application as verified by the Hungarian tax authority ("NAV"):  
HUF

Total net income in a month from work during the year of submission of the application as verified by the employer:  
HUF

Employers during the previous calendar year and the current year, if there is more than three, indicate the last two:

Name(s) of employer(s):

**XII. If you are planning to provide for your means of subsistence from your own or your supporter's income from other gainful activity (e.g. entrepreneurship)**

Type of gainful activity:

Self-employed person  Owner/executive officer of a business association  Other, specifically:

Name of the business organisation/business or entrepreneurship or undertaking:

Place of establishment (i.e. registered address) of the business organisation/business or entrepreneurship or undertaking:

Number of employees:

Amount of own capital invested: HUF

Income earned during the last calendar year and the current year: HUF

Total net income from business activities or earned as the executive officer of a business association for the year before the submission of the application as verified by the Hungarian tax authority ("NAV"):  
HUF

Total net income in a month during the year of submission of the application: HUF

**XIII. If you are planning to provide for your means of subsistence from pension, annuity received from abroad**

Type of income:  Pension  Annuity  Other, specifically:

Amount in a month (value, currency):

Name of the Hungarian financial institution of payment:

Start date of payments: year month day

Name of ascertaining foreign social security institution:

**XIV. Number of persons living in the same household:**

Name and date of birth of persons in the same household:	Relation to applicant:	Amount of income in a month:	Amount of savings held available (HUF):
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**XV. If your means of subsistence are provided as support by a family member living in Hungary:**

Particulars of the family member providing the means of subsistence as support

Appendix number	Name	Degree of relationship

**XVI. Particulars of the persons applying for a National Residence Card, for an Interim Residence Card, or for an EU Residence Card together with applicant**

*(Appendix "A" is to be completed for children under the age of 14 years listed here.)*

Appendix number	Name	Degree of relationship

**XVII. Other personal details of the applicant**

Have you ever been sentenced for a crime before?  Yes  No

If yes, in which country and when, for what crime, by which court or authority, and what was your punishment, sentence?

Are you under criminal proceedings before any Hungarian or foreign authority?  Yes  No

If yes, before which authority and for what crime?

Apart from the above, have you ever been found guilty by a Hungarian authority for any other infringement, specifically for a misdemeanour?  Yes  No

If yes, by which authority and when, for what infringement, and what was your punishment?

Have you ever been expelled from Hungary or from any other country?  Yes  No

If yes, when, from which country and for what reasons?  
 Date of expulsion:      year      month      day  
 Country of expulsion:      Grounds for expulsion:  
 Date of expulsion:      year      month      day  
 Country of expulsion:      Grounds for expulsion:

Do you have any debts in your home country or elsewhere?  Yes  No

If you have any debts, in which country, of what amount, and on what grounds?  
 Country where you have a debt:      Legal title of debt:  
 Amount owned:      (value)      (currency)  
 Country where you have a debt:      Legal title of debt:  
 Amount owned:      (value)      (currency)

Are you under any obligation to provide financial support to somebody (to a parent, child, spouse)  Yes  No

Name	Degree of relationship

To your knowledge, do you have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in your body?  
 Yes  No

If you suffer from any of the diseases specified above, or if you are contagious or a carrier of infectious disease pathogens, do you receive compulsory and regular medical treatment with regard to the said diseases?  Yes  No

**XVIII. Purpose, reasons, substance of applying for the residence card:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks, addendums: *(If the form does not incorporate a relevant section for indicating a specific detail, use this box to indicate the relevant information.)*  
 \_\_\_\_\_  
 \_\_\_\_\_

**XIX. Reasons for compliance of the applicant’s long-term residence with vested interests of Hungary (To be completed in case of a National Residence Card.)**  
 \_\_\_\_\_  
 \_\_\_\_\_

**XX. Grounds and reasons for meeting conditions of coexistence in society (To be completed in case of a National Residence Card.):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**XXI. Grounds of national interest (To be completed in case of a National Residence Card applied for on grounds of national**

interest.)

If Hungary has a vested interest in your long-term residence in relation to national policy, science, culture and/or sports, please provide a brief related description, and fill in Appendix "G".

- Nature of national interest:  economic  
 national policy  
 science  
 culture  
 sports

In case of the cessation of your right of residence, which country will you travel onwards to?

Country:

XXII. Permanent or habitual place of residence before arriving in Hungary: Country: \_\_\_\_\_  
Name of the public place: \_\_\_\_\_

Locality: \_\_\_\_\_

In case of the cessation of your right of residence, which country will you travel onwards to? Country: \_\_\_\_\_

XXIII. Please use Appendix "C" to attach/enclose your detailed autobiography/curriculum vitae to/with your application.

Attached to/Enclosed with the application, please find the following appendix/appendices completed by the applicant:

No. of Appendix "A": \_\_\_\_\_ No. of Appendix "B": \_\_\_\_\_ No. of Appendix "C": \_\_\_\_\_

Furthermore, attached to/enclosed with the application is/are Appendix  "D"  "E"  "F"  "G"

I hereby declare that all data and information indicated above and in the appendix/appendices are true and correct. I understand that submission of any false data or information shall result in the refusal of the application, or the withdrawal of the permit, moreover, I will be obliged to notify any changes in my particulars supplied in the application and in the appendix attached within 8 days to the regional directorate where my application is processed.

I hereby consent for the immigration authority to process the data relating to my nationality/ethnicity if the application is refused, for a period of 10 years from the time of refusal, or from the time when my residence status terminates in other cases.

Date: .....

.....

(signature of the applicant)

Transaction number of payment if made by an electronic payment instrument or by a bank deposit: \_\_\_\_\_

**The authority's remarks** (Notes made by the case worker who received the application, record on the interpreter's involvement, where applicable, related requests, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**If the application is approved**

Reasons for approving the issuance of the National Residence Card, Interim Residence Card, or EU Residence Card:

**I hereby approve the applicant's long-term residence.**

Name of the Member State: in \_\_\_\_\_ international protection was granted on \_\_\_\_\_.

Date: .....

.....

(signature, stamp)



Document number(s) of the documents issued: \_\_\_\_\_

The date of issuance of the document(s): \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

The date of expiry of the document(s): \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Document number(s) of the residence permit(s) revoked: \_\_\_\_\_

I received the document(s) issued and handed over.

Date: .....

Stamp

.....  
(signature of the case worker)

.....  
(signature of the applicant)

**If the application is refused**

Number of the resolution on refusal: \_\_\_\_\_ Date of the refusal: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Legal basis of the refusal: \_\_\_\_\_

Date: .....

.....  
(signature, stamp)

**If the procedure is terminated**

The number of the decision of termination: \_\_\_\_\_ Date of the decision: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

Legal basis of the decision: \_\_\_\_\_

Date: .....

.....  
(signature, stamp)