Appendix no. 16.1

***APPENDIX “A”***

***(The foreign national applicant’s child under the age of 14 years who is indicated in the applicant’s travel document and is applying for a long-term residence status together with applicant)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***For completion by the authority.***  Appendix number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | | | | | | | | | | |
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|  | | | | |  | | | | | | Facial photograph | | |  | | | | |
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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.** | | | | | | | | | | | | | | | | | | |
| Are the child’s particulars indicated in the applicant’s passport?  yes  no | | | | | | | | | | | | | | | | | | |
| **Name of the child** | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | Forename(s): | | | | | | | | | | | |
| **Previous name or name at birth** | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | Forename(s) | | | | | | | | | | |
| **Mother’s name at birth** | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | Forename(s | | | | | | | | | |
| **Date of birth:** year      month      day | | | Place of birth (Locality): | | | | | | | | | | Country: | | | | |
| Sex:  Male Female | | | | | | | | | | | | | | | | | |
| Citizenship: | | | | | | | | Other citizenship(s): | | | | | | | | | |
| Former citizenship(s): | | | | | | | | Nationality/Ethnicity (nonmandatory data): | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  |
| **Full address of the child’s place of residence in Hungary:** | | | | | | | | | | | | | | | | | |
| Postal code: | Parcel identification/land register reference number (topographical LOT no.): | | | Locality: | | | | | | | | Name of the public place: | | | | | |
| Type of the public place (i.e. street, road, square, etc.): | | Street number: | | Building | | | | | | Stairway: | | Floor: | | | Door: | | |
| To your knowledge, does your child have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or is (s)he a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in his/her body?  Yes  No  If the child suffers from any of the diseases specified above, or if (s)he is contagious or a carrier of infectious disease pathogens, does (s)he receive compulsory and regular medical treatment with regard to the said diseases?  Yes  No | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  |
| **Particulars of the travel document** | | | | | | | | | | | | | | | | | |
| Passport number: | | | | | | | | Passport type:  Ordinary passport  Service/Official passport  Diplomatic passport  Passport issued to a person who has been granted refugee status or beneficiary of subsidiary form of protection status  Other, specifically: | | | | | | | | | |
| Date of issuance:      year       month       day | | | | | | | |
| Date of expiry:      year       month       day | | | | | | | |
| Place of issuance (country, locality): | | | | | | | |  | | | | | | | | | |
| If (s)he is a person with refugee status or beneficiary of subsidiary form of protection status: | | | | | | | | | | | | | | | | | |
| Status type: | | | | | | | | | | | | | | | | | |
| The Member State recognising the status: | | | | | | | | | | | | | | | | | |
| Date of recognition of status: | | | | | | | | | | | | | | | | | |

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| **Particulars of residence in Hungary** | |
| Start date of uninterrupted legal residence in Hungary:      year       month       day | |
| Number and date of expiry of the visa issued to him/her: | ,       year       month      day |
| If (s)he is a holder of a residence permit, the number and expiry date of the residence permit: | |
| If (s)he is a holder of a long-term resident status or a permanent residence permit issued by a Hungarian authority or the authority of any Schengen Member State, type of the permit: | |
| Document number: | |
| Expiry date of the document:       year       month       day | |
| Issuing authority: | |
| If (s)he is a holder of a personal identification document, document number: | |
| Date of expiry of the personal identification document:       year       month       day | |
| Number of days spent abroad during the years before the submission of the application: | |
| Date: .....................................  ..................................................................  (signature, stamp) | |