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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|  |  |  |  |
|  |  | 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 [ ]  NoIf 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) |