

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)

<p><i>For completion by the authority.</i></p> <p>Appendix number: _____</p>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Facial photograph</p> </div> <div style="border: 1px solid black; width: 400px; height: 40px; margin: 20px auto;"></div> <p style="text-align: center; font-size: small;">[Handwritten signature specimen of the applicant (legal representative)] The signature must be inside the box in its entirety.</p>		
PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.			
Are the child's particulars indicated in the applicant's passport? <input type="checkbox"/> yes <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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:
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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:
Date of issuance: year month day	<input type="checkbox"/> Ordinary passport <input type="checkbox"/> Service/Official passport
Date of expiry: year month day	<input type="checkbox"/> Diplomatic passport
Place of issuance (country, locality):	<input type="checkbox"/> Passport issued to a person who has been granted refugee status or beneficiary of subsidiary form of protection status
	<input type="checkbox"/> Other, specifically:

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:

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:

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(signature, stamp)