Appendix no. 16.2

**APPENDIX “B”   
*(Family members of the applicant)***

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| **Please complete the form legibly, In LATIN block letters.** | | | | | | | | | | | | | | |
| **Name of the family member** | | | | | | | | | | | | | | |
| 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(s): | | | | | | | | Nationality/Ethnicity (nonmandatory data): | | | | | | |
| Relationship between the family member and the applicant:  Spouse of the applicant  Child of the applicant  Child of the applicant’s spouse  Father of the applicant  Mother of the applicant  Domestic partner of the applicant  Dependent ascendant of the applicant and his/her spouse  Sibling of the applicant | | | | | | | | | | | | | | |
| **The family member is:**  a Hungarian citizen living in Hungary  a Foreign national living in Hungary, who is not applying for a National, Interim or EU Residence Card with the applicant  a Foreign national living abroad, who is not applying for a National, Interim or EU Residence Card with the applicant | | | | | | | | | | | | | | |
| If the family member of the applicant is his/her child, are the personal particulars of the minor child indicated in the passport of the applicant?  Yes No | | | | | | | | | | | | | | |
| Is the applicant under any obligation to provide financial support to the family member?  Yes No | | | | | | | | | | | | | | |
| Is this family member a foreign national living in Hungary, who will be a provider for the applicant’s subsistence in Hungary?  Yes No | | | | | | | | | | | | | | |
| Is this family member a foreign national living in Hungary who is specified by the applicant as a family member for family reunification?  Yes No | | | | | | | | | | | | | | |
| Status of the family member living in Hungary, if (s)he is a foreign national:  Refugee Holder of an immigration permit  Holder of a permanent residence permit Holder of a residence permit  Holder of a registration certificate  Holder of a residence card  Holder of a permanent residence card (for EEA nationals)  Holder of a National, EU or Interim Residence Card | | | | | | | | | | | | | | |
| **Place of residence** | | | | | | | | | | | | | | |
| 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 no: | | | Building: | | | | | | Stairway: | Floor: | | Door: |
| ***Occupation:*** | | | | | | | | | | | | | | |
| Name of the employer: | | | | | | | | | | | | | | |
| ***If the family member of the applicant is the spouse of the applicant, date and place of the marriage:***  Country:                               Locality:                               ,       year       month       day | | | | | | | | | | | | | | |
| ***Start date of the family life in Hungary:***        year       month       day | | | | | | | | | | | | | | |
| If the family member provides for the applicant’s subsistence in Hungary,  Income in a month:                           HUF  Number of dependants of the family member and persons eligible to receive financial support from him/her: | | | | | | | | | | | | | | |
| Date: .................................. | | | | | |  | | | | | | | | |
|  | | | | | | .................................................................  signature | | | | | | | | |
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| ***For completion by the authority.***  Appendix number: | | | | | | | | | | | | | | |