

APPENDIX “B”
(Family members of the applicant)

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: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Citizenship(s):		Nationality/Ethnicity (nonmandatory data):	
Relationship between the family member and the applicant:			
<input type="checkbox"/> Spouse of the applicant <input type="checkbox"/> Child of the applicant <input type="checkbox"/> Child of the applicant's spouse <input type="checkbox"/> Father of the applicant <input type="checkbox"/> Mother of the applicant <input type="checkbox"/> Domestic partner of the applicant <input type="checkbox"/> Dependent ascendant of the applicant and his/her spouse <input type="checkbox"/> Sibling of the applicant			
The family member is:			
<input type="checkbox"/> a Hungarian citizen living in Hungary <input type="checkbox"/> a Foreign national living in Hungary, who is not applying for a National, Interim or EU Residence Card with the applicant <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant under any obligation to provide financial support to the family member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this family member a foreign national living in Hungary, who will be a provider for the applicant's subsistence in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this family member a foreign national living in Hungary who is specified by the applicant as a family member for family reunification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Status of the family member living in Hungary, if (s)he is a foreign national:			
<input type="checkbox"/> Refugee <input type="checkbox"/> Holder of an immigration permit <input type="checkbox"/> Holder of a permanent residence permit <input type="checkbox"/> Holder of a residence permit <input type="checkbox"/> Holder of a registration certificate <input type="checkbox"/> Holder of a residence card <input type="checkbox"/> Holder of a permanent residence card (for EEA nationals) <input type="checkbox"/> 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:					
<i>If the family member of the applicant is the spouse of the applicant, date and place of the marriage:</i>					
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				

<i>For completion by the authority.</i>
Appendix number: