Appendix no. 16.4

**APPENDIX ”D”**

**(for family reunification)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.** | | | | | | |
| **Personal data of the family members living in Hungary** | | | | | | |
| Appendix number | Name | | | | Degree of relationship | |
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| 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 | | | | | | |
| Date: ........................................ | | |  | | | |
|  | | | .................................................................  (signature) | | | |
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| ***For completion by the authority.***  Appendix no.: | | | | | | |