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) |
|  |
|   |   |   |  |
| ***For completion by the authority.*** Appendix no.:                                |