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

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.: