Annex no. 15 to Minister of Interior Decree no.9/2024 (of II.29.)

National Directorate-General for Aliens Policing
Országos Idegenrendészeti Főigazgatóság

Notification form for reporting place of accommodation

For completion by the authority.					
The authority receiving the notification form (code and name):					
Date of receipt of the notification form: year month day					
PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.					
Telephone number:		Email address:			
1. Personal data of the applicant					
Surname:		Forename:			
Sex: ☐ male ☐ female		Citizenship:			
2. Mother's surname and forename at birth:					
Surname:		Forename:			
3. Date of birth: year month day		**4. Place of birth:**			
5. Marital status: ☐ unmarried ☐ married ☐ divorced ☐ widow(er)					
6. Document number and date of expiry of the passport: , year month day					
Document number of the residence permit:					
7. Full address of the place of accommodation					
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 number:	Building:	Stairway:	Floor:	Door:
Legal title of residence in the place of accommodation: ☐ Owner ☐ (Sub)tenant ☐ Family member ☐ Courtesy user of accommodation ☐ Other, specifically:					
Date: ..... …….. …….. Signature(s) of the providers of the place of accommodation Signature of applicant					