



surname (as shown in passport):		forename (as shown in passport):	
surname at birth:		forename at birth:	
mother's surname and forename at birth:		sex: <input type="checkbox"/> male <input type="checkbox"/> female	marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow(er) <input type="checkbox"/> divorced

date of birth: year month day	place of birth (locality):	country:
citizenship:		
2. Particulars of the applicant's passport		
passport no.:	place and date of issuance: year month day	
passport type: <input type="checkbox"/> ordinary <input type="checkbox"/> service/official <input type="checkbox"/> diplomatic <input type="checkbox"/> other	validity period: year month day	

3. Address in Hungary	
Postal code:	
Locality:	District:
Name of public place:	
Type of public place (road, street, square etc.):	
Building number:	Land register ref. (lot) no.:
Building:	Stairway : Floor: Door:
Legal basis for registration at the address: <input type="checkbox"/> I hereby declare that I am the owner of the residential property indicated. <input type="checkbox"/> Please find attached the statement of consent of the owner of the residential property or the person, who is the lawful user of the residential property on other grounds.	
4. Personal data of the EEA citizen whom the applicant accompanies or joins	
surname (as shown in passport):	forename (as shown in passport):
surname at birth:	forename at birth:
mother's surname and forename at birth:	sex: <input type="checkbox"/> male <input type="checkbox"/> female
date of birth: year month day	place of birth (locality):
citizenship:	

Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner, if entered into a registered partnership before the relevant Hungarian authority or the authority of another Member State of the European Union <input type="checkbox"/> Other, namely: In the country where they came from: <input type="checkbox"/> was a dependent of an EEA citizen <input type="checkbox"/> lived in the same household as an EEA citizen <input type="checkbox"/> is personally cared for by an EEA citizen due to serious health issues
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5. Additional information
To your knowledge, do you suffer from HIV/AIDS, tuberculosis, hepatitis B, lues, leprosy, typhoid infectious diseases that require medical treatment, or do you carry the pathogens of HIV, hepatitis B, typhoid or paratyphoid in your body? Yes <input type="checkbox"/> No <input type="checkbox"/> If you suffer from any of the diseases above, are contagious or carry pathogens, do you receive mandatory and regular medical care? Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent or habitual place of residence before arriving in Hungary: Country: Locality: Name of public place:
When you cease to exercise your right of residence, or your right of residence ceases to exist, which country will you be travelling to? Country:
I hereby declare that all data and information indicated above are true and correct. Date: _____ signature _____

Transaction number of payment if made by an electronic payment instrument or by a bank deposit:

For completion by the authority
I hereby authorize the issuance/extension of a residence card for the applicant for a period ending on _____ year _____ month _____ day. Date: (signature, stamp) The number of the document issued: _____ I have received the residence card. Date: (signature of the applicant) In case of extension, the document number of the previous residence card:

If the application is refused
Number of the resolution of refusal: Date of refusal: _____ year _____ month ____ day Legal basis for refusal:
If the procedure is terminated
The number of the decision of termination: Date of decision: _____ year _____ month _____ day Legal basis of the decision: