



**National Directorate-General for  
Aliens Policing  
Országos Idegenrendészeti  
Főigazgatóság**



**Notification form for reporting place of accommodation**

<i>For completion by the authority.</i>						
The authority receiving the notification form (code and name):						
Date of receipt of the notification form:      year      month      day						
<b>PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.</b>						
Telephone number:				Email address:		
<b>1. Personal data of the applicant</b>						
Surname:				Forename:		
Sex: <input type="checkbox"/> male <input type="checkbox"/> female				Citizenship:		
<b>2. Mother's surname and forename at birth:</b>						
Surname:				Forename:		
<b>3. Date of birth:</b> year      month      day			<b>4. Place of birth:</b>			
<b>5. Marital status:</b> <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow(er)						
<b>6. Document number and date of expiry of the passport:</b>						
,      year      month      day						
Document number of the residence permit:						
<b>7. Full address of the place of accommodation</b>						
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: <input type="checkbox"/> Owner <input type="checkbox"/> (Sub)tenant <input type="checkbox"/> Family member <input type="checkbox"/> Courtesy user of accommodation						
<input type="checkbox"/> Other, specifically:						

Date: .....

.....  
Signature(s) of the providers of the place of accommodation

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Signature of applicant