



OFFICE OF IMMIGRATION
AND NATIONALITY



Application for residence permit for the purpose of visit

The application receiving authority:		Number: _ _ _ _ _ _ _ _	
Body performing data entry of the application:		<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; line-height: 100px;">Photograph</div>	
<input type="checkbox"/> Residence permit for the first time			
Place of entry:			
Date of entry: Year Month Day			
Number and validity of residence visa: H _ _ _ _ _ _ _ _ Year Month Day			
<input type="checkbox"/> Extending residence permit		<div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p style="text-align: center;">[Signature of applicant (or legal representative).] The signature must completely be within the frame!</p>	
Number and validity of residence visa: H _ _ _ _ _ _ _ _ Year Month Day			
Place of receipt of document: <input type="checkbox"/> Applicant shall receive the document at the issuing authority. <input type="checkbox"/> Applicant requests the document by post.			
1. Personal data of the applicant			
Family name (as in passport):		First name (as in passport):	
Family name at birth:		First name at birth:	
Mother's family and first names at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> widow
		<input type="checkbox"/> married <input type="checkbox"/> divorced	
Date of birth: Year Month..... Day	Place of birth (city):	country:	
citizenship:		nationality (optional):	
Last permanent residence abroad:			

Occupation:	Highest level of education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> university	Occupation prior arriving to Hungary:
--------------------	---	--

2. Passport data of the applicant	
Passport Number:	Date and place of issuance: Year..... Month..... Day
Type of passport: <input type="checkbox"/> private passport <input type="checkbox"/> official <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Validity: Year Month..... Day

3. Planned period and purpose of residence	
For what period and what purpose are you applying for residence permit? □□□□ year □□ month □□ day	

4. Data of applicant's accommodation in Hungary					
ZIP code:	city:			Name of public domain:	
Type of public domain:	House number:	building:	staircase:	floor:	door:
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> courtesy of owner <input type="checkbox"/> other, namely:					

5. Data of the inviting natural person		
Family Name:		First Name:
Family name at birth:		First name at birth:
Date of birth:Year.....Month.....Day	Place of birth(city):	country:
Citizenship:		number of invitation letter
In case of third country national: Immigrant, recognized as refugee by the Republic of Hungary, person with residence visa, or residence permit. (Please, underline the suitable status)		With official endorsement:

6. Data of the inviting legal person	
name:	number of invitation letter With official endorsement:
Address of location	

8. Conditions of return or onward travel					
Which country do you wish to return to or travel onward after the legal residence?				Which means of transport do you want to use?	
Dou you have the necessary	passport? <input type="checkbox"/> yes <input type="checkbox"/> no	visa? <input type="checkbox"/> yes <input type="checkbox"/> no	Ticket? <input type="checkbox"/> yes <input type="checkbox"/> no	financial means? <input type="checkbox"/> yes, the sum is:	<input type="checkbox"/> no
9. Spouse, child, parent of the applicant in Hungary					
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card		
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card		
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card		
10. Other data					
For the period of the stay in Hungary do you have full health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> no Has your application for residence permit ever been refused? <input type="checkbox"/> yes <input type="checkbox"/> no Have you ever been convicted for a crime? If yes, in which country, what kind of crime have you convicted, and what kind of punishment was imposed? <input type="checkbox"/> yes <input type="checkbox"/> no Have you ever been expelled from Hungary, if yes, when? <input type="checkbox"/> yes <input type="checkbox"/> no Year Month Day					
To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid? <input type="checkbox"/> yes <input type="checkbox"/> no If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy? <input type="checkbox"/> yes <input type="checkbox"/> no					
Last permanent/habitual residence abroad: country: city: name of public domain:					
Which country do you wish to return to or travel onward after the legal residence? country:					

I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.

Date:

.....
Signature

Fee stamps:

For official use only!

In case of allowing the application

I allow the applicant to stay in Hungary on the purpose of

Until ____ Year ____ Month ____ Day.

Date:

.....
(Signature, seal)

Number of issued residence permit: ☐☐☐☐☐☐☐☐

I have received the residence permit.

Date:

.....
(Signature of the applicant)

In case of renewal number of the revoked residence permit: ☐☐☐☐☐☐☐☐

In case of rejecting the application

Number of decision:

Date of decision: ____ Year ____ Month ____ Day

Reason for rejection (briefly):

INFORMATION

The application for residence permit can be submitted in person, not later than 30 days before the expiry of legal stay, at the local aliens policing authority competent by place of accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport when submitting the application form. The passport should be valid at least three more months than the duration of the residence permitted.

Annexes to be enclosed to the application form:

- **Letter of invitation**

The aliens policy authority has the right to ask for any further documents during the process in order to clarify the circumstances!

The application for the letter of invitation has to be presented on a special statutory form at the regional directorate of the home, accommodation, residence of the applicant, or at the regional directorate of the legal person's location.

The validity of the visitor's permit is aligned to the period of the commitment in the invitation letter, but it is maximum one year, which can not be extended for the purpose of a visit.

When applying for extension of residence permit, the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again.

The applicant can ask the aliens policing authority to obtain the certification on the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward personal data. If the aliens policing authority obtains the necessary data, the applicant has to pay the service fees to the aliens policing.

„A” INSET
Data of minor children travelling with and entered into the passport of the applicant

Receiving authority:	Number: _ _ _ _ _ _ _ _ _ _
Authority performing data entry:	<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto;"> <div style="text-align: center; padding-top: 50px;">Photograph</div> </div>
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border: <div style="text-align: right;">..... Year Month Day</div>	
Number and validity of residence visa: H _ _ _ _ _ _ _ _ Year Month Day	<div style="border: 1px solid black; width: 400px; height: 60px; margin: 0 auto;"></div> <div style="text-align: center; padding-top: 10px;"> [Signature of the applicant (legal representative).] The signature must completely be within the frame! </div>
<input type="checkbox"/> Extending residence permit	
Number and validity of residence visa:	
H _ _ _ _ _ _ _ _ Year MonthDay	

1. Personal data of the minor			
Family name (as in passport):		First name (as in passport):	
Family name at birth:		First name at birth:	
Mother's family name and first name at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	citizenship:
Date of birth: YearMonth.....Day	Place of birth (city):		country:

2. The minor's accommodation during stay						
ZIP code:	city:			Name of public domain:		
Type of public domain:	House number:	building:	staircase:	floor:	door:	
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely:						

3. Other data
<p>To the best of your knowledge, does your child suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If your child suffers from any of the above diseases, or is contagious with or a carrier of them, does your child take part in obliged and permanent therapy?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>

<i>For official use only!</i>
<p style="text-align: center;">In case of allowing the application</p> <p>I allow the applicant to stay in Hungary for the purpose of until _____ Year ____ Month ____ Day.</p> <p>Date: <div style="text-align: right;">(Signature, seal)</div></p> <p>Number of issued residence permit: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>I have received the residence permit.</p> <p>Date: <div style="text-align: right;">(Signature of applicant)</div></p> <p>In case of renewal number of the revoked residence permit: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">In case of recejting the application</p> <p>Number of decision:</p> <p>Date of decision: _____ Year ____ Month ____ Day</p> <p>Reason for rejection (briefly):</p>