

**Application for permanent residence**

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| ***For completion by the authority.***  **Authority receiving the application:** | Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ | | | | |
|  |  | |  |  | |
| Date of acceptance of the application: |  | |  |  | |
|  |  | | Facial photograph |  | |
| \_\_\_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day |  | |  |  | |
| **Indicate the type of residence permit requested**  □ interim permanent residence permit  (Appendix “G” is required)  □ national permanent residence permit  □ EC permanent residence permit |  | |  |  | |
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| **Delivery of document:** |  |  | | |  |
| □ Applicant requests delivery of the document   by way of post. |  |  | | |  |
| □ Applicant will collect the document at the issuing  authority  **E-mail:**  **Phone number**: |  | [Handwritten signature specimen of applicant (legal representative)]  Signature must be inside the box in its entirety. | | |  |
| **Please complete the form legibly, in block letters, using Latin characters.**  **Do not forget to fill out the relevant appendix in relation to your parents, spouse(s), children, others seeking permanent residence together with you and your dependents!**  **Documents indicated in the information must be enclosed with the application!** | | | | | |

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| **I. Personal data of applicant for permanent residence permit** | |
| **Name of applicant** | |
| Surname: |  |
| Forename(s): |  |
| **Previous name or birth name** | |
| Surname: |  |
| Forename(s): |  |
| **Mother’s birth name** | |
| Surname: |  |
| Forename(s): |  |

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| --- | --- | --- | --- | --- | --- |
| **Place of birth** | | | | | |
| Country: | |  | | | |
| Locality: | |  | | | |
| Date of birth: | | year       month       day | | | |
| Sex: | | Male  Female | | | |
| Citizenship: | |  | | | |
| Previous citizenship(s): | |  | | | |
|  | |  | | | |
| Other citizenship(s): | |  | | | |
| Marital status:  Single  Married  Divorced  Widow(er)  Place of marriage:  Date:       year       month       day | | | | | |
| Ethnicity (not mandatory): | |  | | | |
| Professional skills: | |  | | | |
| Are pursuing studies currently?  yes  no  If yes, name of the institution: | |  | | | |
| Educational attainment: | Primary | | Secondary | Tertiary | |
| Level of proficiency in the Hungarian language: | Basic | | Intermediate | Advanced  Native speaker | |
|  | | | | |  |
| **II. Foreign residence before arriving to Hungary** | | | | | |
| Postal code: | |  | | | |
| Country: | |  | | | |
| Locality: | |  | | | |
| Name of public place: | |  | | | |
| Building number: | |  | | | |
| Building, block, floor, door: | |  | | | |
|  | | | | |  |
| **III. Travel document details** | | | | | |
| Passport number: | |  | | | |
| Passport type: | | Private passport | | | |
|  | | Service passport | | | |
|  | | Diplomatic passport | | | |
|  | | Passport given to person who has been granted refugee status or subsidiary form of protection | | | |
|  | | Other, specifically: | | | |
| Place of issue | | | | | |
| Country: | |  | | | |
| Locality: | |  | | | |
| Date of issue: | | year       month       day | | | |
| Date of expiry: | | year       month       day | | | |
|  | |  | | | |
| If having been granted refugee status or subsidiary form of protection: | | | | | |
| type of status: | | | | | |
| Member State recognising such status: | | | | | |
| date of recognition of status: | | | | | |

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| **IV. Details of residence in Hungary** | | | | | | | | | | | | | | |
| Beginning of uninterrupted lawful residence in Hungary: | | | | | | | | | | | | | | |
|  | | | year       month       day | | | | | | | | | | | |
| Number and validity period of visa: | | |  | | | | | | | | | | | |
| If holding a residence permit, number and validity of residence permit: | | | | | | | | | | | | | | |
| If holding a permanent residence permit issued by a Hungarian authority or the authority of any Schengen Member State, indicate type: | | | | | | | | | | | | | | |
| Number of permanent residence permit: | | | | | | | | | | | | | | |
| Expiry of such document: | | | | | | | | | | | | | | |
| Issuing authority: | | | | | | | | | | | | | | |
| If holding a personal identification document, indicate number: | | | | | | | | | | | | | | |
| Expiry of personal identification document: | | | | | | | | | | | | | | |
| Number of days spent abroad during the years before the submission of the application: | | | | | | | | | | | | | | |
| Year:       Number of days:       Year:       Number of days: | | | | |  | | | | | | | | | |
| Year:       Number of days:       Year:       Number of days: | | | | |  | | | | | | | | | |
| Year:       Number of days:       Year:       Number of days: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |
| **V. Circumstances in support of favourable decision** | | | | | | | | | | | | | | |
| Family reunification (Appendix D) | | | | | | | | |  | | | | | |
| Information on earlier Hungarian citizenship (Appendix E) | | | | | | | | |  | | | | | |
| Information on ascendant’s Hungarian citizenship (Appendix E) | | | | | | | | |  | | | | | |
| Interests of the national economy (Appendix F) | | | | | | | | |  | | | | | |
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| **VI. Details on current place of residence in Hungary**  (If referring to interests of the national economy, *this section need not be completed.)* | | | | | | | | | | | | | | |
| Full address of place of residence | | | | | | |  | | | | | | | |
| Postal code: | | | | | | |  | | | | | | | |
| Locality: | | | | | | | District: | | | | | | | |
| Name of public place: | | | | | | |  | | | | | | | |
| Type of public place (street, road, square, etc.): | | | | | | | | | | | | | | |
| Building number:         Land register reference number: | | | | | | |  | | | | | | | |
| Building: | Block: | | | | | Floor: | | | | | Door: | | | |
| Description of current place of residence | | | | Commercial lodging | | | | | | Private accommodation | | | | |
| In the case of private accommodation, legal title of tenancy | | | | | | | | | | | | | | |
| Owner | | Sub-lessee | | | | | | Tenant | | | | Family member | | |
| Beneficial user | | Other, specifically: | | | | | | | | | | | | |
| If you have been granted refugee status or subsidiary form of protection by Hungary, indicate the address of your place of residence in Hungary | | | | | | | | | | | | | | |
| Postal code: | | | | | | |  | | | | | | | |
| Locality: | | | | | | | District: | | | | | | | |
| Name of public place: | | | | | | |  | | | | | | | |
| Type of public place (street, road, square, etc.): | | | | | | | | | | | | | | |
| Building number:  Land register reference number: | | | | | | |  | | | | | | | |
| Building: | Block: | | | | | Floor: | | | | | Door: | | | |

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| **VII. Details of future residence in Hungary** | | | | | | | | | | | | | |
| Postal code: | | | | | | |  | | | | | | |
| Locality: | | | | | | | District: | | | | | | |
| Name of public place: | | | | | | |  | | | | | | |
| Type of public place (street, road, square, etc.): | | | | | | | | | | | | | |
| Building number: | | | | | | | Land register reference number: | | | | | | |
| Building: | Block: | | | | | Floor: | | | | Door: | | | |
| Legal title of tenancy: | | | | | | | | | | | | | |
| Owner | | Sub-lessee | | | | | | Tenant | | | Family member | | |
| Beneficial user | | Other, specifically: | | | | | | | | | | | |
| Number of persons living in dwelling (applicant included): | | | | | | | | | | | | | |
| Number of rooms used by the applicant only, and the floor space of such rooms: | | | | | | | | | | | | | |
| Total floor space of the property:       m2 | | | | | | | | | | | | | |
| For how long can you stay in the dwelling: | | |  | | | | | | | | | | |
| Indefinitely | | |  | | | | | | | | | | |
| For a fixed period, until | | | year       month       day | | | | | | | | | | |
| I hereby consent for the applicant to register the real estate property of which I am the owner, beneficial user as his/her place of residence.  Date: ............................................ ...................................................... | | | | | | | | | | | | | |
| (signature of landlord) | | | | | | | | | | | | | |
| **VIII. Source of income for subsistence in Hungary**  (If referring to interests of the national economy, *this section need not be completed.)* | | | | | | | | | | | | | |
| Savings account at a financial institution | | | | | | | | | (Please answer the question in Section IX.) | | | | |
| Financial assets (tangible or intangible) in Hungary | | | | | | | | | (Please answer the question in Section X.) | | | | |
| Gainful employment (contract of employment or any other work-related contractual relationship) | | | | | | | | | (Please answer the question in Section XI.) | | | | |
| Other occupational activity | | | | | | | | | (Please answer the question in Section XII.) | | | | |
| Pension, annuity received from abroad | | | | | | | | | (Please answer the question in Section XIII.) | | | | |
| Provided by family member living in Hungary | | | | | | | | | (Please complete Appendix.) | | | | |
| Other, specifically: | | | | | | | | | | | | | |
| **IX. If you plan to support yourself from your own or your supporter’s cash savings deposited with a financial institution** | | | | | | | | | | | | | |
| Name of the financial institution where the account is held: | | | |  | | | | | | | | | |
| Name of person(s) having access to the account | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Amount of cash available in each currency | | | | | | | | | | | | | |
|  | | | | | Type of currency | | | | | | | Amount | |
|  | | | | |  | | | | | | |  | |
|  | | | | |  | | | | | | |  | |
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| **X. If you plan to support yourself from your own or your supporter’s assets (tangible or intangible) in Hungary** | | | | | | | | | | | | | |
| Estimated market value: | | | | HUF | | | | | | | | | |
| Description of assets and rights: | | | | | | | | | | | | |  |

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| **XI. If you plan to support yourself from your own or your supporter’s income from gainful employment (contract of employment or any other work-related contractual relationship)** | |
| Total income from last year and this year: | |
| Total net income from work for the year before the submission of the application as verified by the tax authority (NAV):   HUF | |
| Total net monthly income from work during the year of submission of the application as verified by the employer:  HUF | |
| Employers during the previous calendar year and the current year, if there is more than three, indicate the last two: | |
| Name of employer(s): |  |
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| **XII. If you plan to support yourself from your own or your supporter’s income from other gainful activity (e.g. entrepreneurship)** | | | | | | | | |
| Type of gainful activity: | | | | |  | | | |
| Private entrepreneur | | | | | Owner/executive officer of business association | | | |
| Other, specifically: | | | | |  | | | |
| Name of business association/entrepreneurship: | | | | |  | | | |
| Registered address of business association/entrepreneurship: | | | | |  | | | |
| Number of employees: | | | |  | | | | |
| Size of own capital invested: | | | | HUF | | | | |
| Income earned during the last calendar year and the current year:       HUF | | | | | | | | |
| Total net income from business activities or earned as the executive officer of a business association for the year before the submission of the application as verified by the tax authority (NAV):       HUF | | | | | | | | |
| Total net monthly income during the year of submission of the application:       HUF | | | | | | | | |
| **XIII. If you plan to support yourself from pension, annuity received from abroad** | | | | | | | | |
| Type of income: | Pension | | | | | |  | |
|  | Annuity | | | | | |  | |
|  | Other, specifically: | | | | | |  | |
| Monthly amount (value, currency): |  | | | | | |  | |
| Name of Hungarian financial institution of payment: | | | |  | | | | |
| Date of beginning of payments: | | | | year       month       day | | | | |
| Name of foreign social security institution of establishment: | | | | | | | | |
|  | | |  | | | | | |
| **XIV. Number of persons living in the same household:** | | | | | | | | |
| Name and birthdate of persons in the same household: | | Relation to applicant: | | | | Amount of monthly income: | | Amount of savings available (HUF): |
|  | |  | | | |  | |  |
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| **XV. If supported by a family member living in Hungary:** | | |
| Name of family member providing support | | |
| Appendix number | Name | Relationship |
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| **XVI. Particulars of those seeking permanent residence together applicant**  *(Appendix “A” is to be completed for children under the age of 14 years listed here.)* | | |
| Appendix number | Name | Relationship |
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| **XVII. Other details of applicant** | | |
| Have you ever been sentenced for a crime before? | Yes   No | |
| If yes, in which country and when, for what crime, by which court or authority, and what was you punishment, sentence? | | |
|  | | |
| Are you under criminal proceedings before any Hungarian or foreign authority? | | |
| Yes | No | |
| If yes, before which authority and for what crime? | | |
|  | | |
| Apart from the above, have you ever been found guilty by a Hungarian authority for any other infringement, specifically for a misdemeanour? | | |
| Yes | No | |
| If yes, which authority and when, for what infringement, and what was you punishment? | | |
|  | | |
| Have you ever been expelled from Hungary or from any other country? | | Yes   No |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, when, from which country and for what reasons? | | | |
| Date of expulsion: | | year       month       day | |
| Country of expulsion: | |  | |
| Grounds for expulsion: | |  | |
| Date of expulsion: | | year       month       day | |
| Country of expulsion: | |  | |
| Grounds for expulsion: | |  | |
| Do you have any debts in your home country or elsewhere? | | Yes  No | |
| If you have any debts, in which country, of what amount, and on what grounds? | | | |
| Country where you have a debt: |  | | |
| Amount owed (value, currency): | (value)       (currency) | | |
| Legal title of debt: |  | | |
| Country where you have a debt: |  | | |
| Amount owed (value, currency): | (value)       (currency) | | |
| Legal title of debt: |  | | |
| Are you under any maintenance obligation (parent, child, spouse)?  Yes  No | | | |
| Name | | | Relationship |
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| To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers? | |
| Yes | No |
| If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases? | |
| Yes | No |

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| **XVIII. Purpose of residence, reasons, substance:** | | |
| Remarks, addendums:  *(If the form contains no relevant section for indicating any detail, use this box to enter such details.)* | | |
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| **XIX.**  **Permanent or usual place of residence before arriving to Hungary:**  Country:  Locality:  Name of public place: | | |
| **When your right of residence expires, which country will you be travelling to?**  Country: | | |

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| **XX. Please use Appendix “C” to enclose your detailed autobiography with the application.** | |
| Enclosed with the application please find the following appendixes:  A:  B:  C:  Furthermore, enclosed with the application are Appendix D  E  F  G . | |
| I hereby declare that all data and information indicated above and in the appendix are true and correct. I understand that if the application contains any false information it shall be refused, or the permit will be revoked, moreover, I will be obliged to notify any changes in my particulars supplied in the application and in the appendix attached within 8 days to the regional directorate where my application is processed. | |
| I hereby consent for the immigration authority to process the data relating to my ethnicity if the application is refused, for a period of 20 years from the time of refusal, or from the time when my resident status terminates in other cases. | |
| Date: ........................................................................ | ............................................................................ |
|  | (signature of applicant) |
| Transaction number of payment if made by electronic payment instrument or by bank deposit: | |
| **Authority’s remarks** *(Notes made by the case officer who received the application, interpreter’s involvement, where applicable, related requests, etc.)* | |

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| **If the application is approved** | | | |
| Reasons for granting permanent residence permit: | |  | |
|  | |  | |
| **Applicant’s residence is hereby authorised.** | |  | |
|  | |  | |
| Name of Member State: in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | International protection was granted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
|  | |  | |
|  | |  | |
| Date: ..................................... |  | | .................................................................... |
|  |  | | (signature, stamp) |
| Number of permanent residence permit(s) issued: | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | |
| Date of issue of document(s): | | \_\_\_\_year \_\_\_ month \_\_\_ day | |
| Date of expiry of documents: | | \_\_\_\_year \_\_\_ month \_\_\_ day | |
| Number of residence permit(s) revoked: | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | |
| I have received the permanent residence permit(s) issued: | | Date: ..................................... | |
| Stamp | |  | |
| .................................................................... | | .................................................................... | |
| (signature of case officer) | | (signature of applicant) | |

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| **If the application is refused** | |
|  |  |
| Number of the resolution on refusal: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of resolution: \_\_\_\_\_\_year \_\_\_\_\_ month \_\_\_ day |
| Legal basis for refusal: |  |
|  |  |
| Date: ..................................... |  |
|  | .................................................................... |
|  | (signature, stamp) |
| **If the proceeding is terminated** | |
| Number of decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of decision: \_\_\_\_\_\_year \_\_\_\_\_ month \_\_\_ day  Legal basis of the decision:  Date: .....................................  ....................................................................  (signature, stamp) | |

***APPENDIX “A”***  
***(Applicant foreign national’s child under the age of 14 years,   
applying for residence together with applicant)***

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| ***For completion by the authority.***  **Authority receiving the application:** | | | | | | Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ | | | | | | | |
| Appendix number: | | | | | |  | | | | | | | |
| Automated case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | |  |  | |
| Are the child’s particulars contained in the applicant’s passport?  □ Yes □ No | | | | | |  | | | Facial photograph |  | |
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|  | | | | | |  | [Handwritten signature specimen of applicant (legal representative)] | | | |  |
|  | | | | | |  | Signature must be inside the box in its entirety. | | | |  |
|  | | | | | |  |  | | | |  |
|  | | | | | |  |  | | | |  |
| **Name of child** | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | |
| Forename(s): | | |  | | | | | | | | | |
| **Previous name** | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | |
| Forename(s): | | |  | | | | | | | | | |
| **Mother’s birth name** | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | |
| Forename(s): | | |  | | | | | | | | | |
| **Place of birth** | | | | | | | | | | | | |
| Country: | | |  | | | | | | | | | |
| Locality: | | |  | | | | | | | | | |
| Date of birth: | | | year       month       day | | | | | | | | | |
| Sex: | | | male  female | | | | | | | | | |
| Citizenship: | | |  | | | | | | | | | |
| Previous/other citizenship(s): | | |  | | | | | | | | | |
| Ethnicity (not mandatory): | | |  | | | | | | | | | |
| **Full address of child’s place of residence in Hungary:** | | | | | | | | | | | | |
| Postal code: | | | | |  | | | | | | | |
| Locality: | | | | | District: | | | | | | | |
| Name of public place: | | | | |  | | | | | | | |
| Type of public place (street, road, square, etc.): | | | | | | | | | | | | |
| Building number:       Land register reference number: | | | | |  | | | | | | | |
| Building: | | Block: | | Floor: | | | | | Door: | | | |

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| To your knowledge, does your child have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers? | |
| Yes | No |
| If the child suffers from any of the diseases specified above, or if contagious or a carrier of infectious diseases, does he/she receives compulsory and regular treatment with regard to the said diseases? | |
| Yes | No |

|  |  |
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| **Travel document details:** |  |
| Passport number: |  |
| Passport type: | Private passport  Service passport  Diplomatic passport  Passport given to person who has been granted refugee status or subsidiary form of protection  Other, specifically: |
| Place of issue: |  |
| Date of issue: | year       month       day |
| Date of expiry: | year       month       day |
| If having been granted refugee status or subsidiary form of protection: |  |
| type of status: |  |
| Member State recognising such status: |  |
| date of recognition of status: |  |
|  |  |
| **Beginning of uninterrupted lawful residence in Hungary:** | year       month       day |
| Number and validity period of visa: |  |
| **If holding a residence permit, number and validity of residence permit:** |  |
| **If holding a permanent residence permit, indicate type:** |  |
| Number of permanent residence permit: |  |
| Expiry of such document: |  |
| Issuing authority: |  |
| **If holding a personal identification document, indicate number and validity period:** | |
|  |  |
| Date: ..................................... |  |
|  | ................................................................. |
|  | (signature) |

**APPENDIX “B”**  
***(Applicant’s family members)***

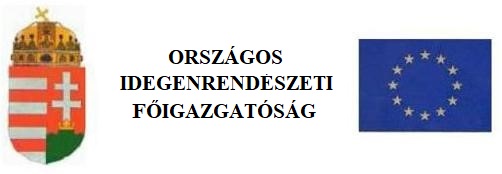
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of family member** | | | | |
| Surname: | |  | | |
| Forename(s): | |  | | |
| **Previous name or birth name** | | | | |
| Surname: | |  | | |
| Forename(s): | |  | | |
| **Mother’s birth name** | | | | |
| Surname: | |  | | |
| Forename(s): | |  | | |
| **Place and date of birth** | | | | |
| Country: | |  | | |
| Locality: | |  | | |
| Date of birth: | | year       month       day | | |
| **Sex:** | | Male Female | | |
| **Citizenship(s):** | | **Ethnicity (not mandatory):** | | |
| Relation of family member and applicant:  Spouse’s child  Applicant’s child  Applicant’s father  Applicant’s mother  Applicant’s spouse  Dependent ascendant of applicant and his/her spouse  Applicant’s sibling  Applicant’s domestic partner | | | | |
| **Family member’s details:**  Hungarian citizen living in Hungary  Foreign national living in Hungary, applying together with the applicant for residence  Foreign national living abroad, not applying together with the applicant for residence | | | | |
| In respect of the applicant’s minor child, are the child’s particulars contained in the applicant’s passport? | | | | |
| Yes | | | | No |
| Is the applicant under obligation to provide maintenance for the family member? | | | | |
| Yes | | | | No |
| Is this family member a foreign national living in Hungary, who is bound to ensure the applicant’s subsistence? | | | | |
| Yes | | | | No |
| Is this family member a foreign national living in Hungary, and will be marked a family member fro the purpose of family reunification? | | | | |
| Yes | | | | No |
| If the family member who lives in Hungary is a foreign national, his/her status in Hungary: | | | | |
| Refugee Immigrant Have a permanent residence permit Have a residence permit  Have a registration certificate  Have a residence card Have a permanent residence card | | | | |
| Home address: | | | |  |
| Postal code: | | |  | |
| Country: | | |  | |
| Locality: | | |  | |
| Name of public place: | | |  | |
| Building number: | | |  | |
| Building, block, floor, door: | | |  | |
| ***Occupation:*** |  | | | |
| Name of employer: |  | | | |
|  |  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***If the spouse of the applicant, place of marriage:*** | | | | | | | | |
| Country: | |  | | | | | | |
| Locality: | |  | | | | | | |
| ***In respect of a spouse, date of marriage:*** | | | year       month       day | | | | | |
| ***Beginning of family life in Hungary:*** | | | | | year       month       day | | | |
| If the family member supports the applicant of residence permit | | | | | | | | |
| Monthly income: | HUF | | | | | | | |
| Number of dependents the family member actually: supports, including those entitled to support: | | | |  | | | | |
| Date: ..................................... | | | | | |  | | |
|  | | | | | | ................................................................. | | |
|  | | | | | | (signature) | | |
|  | | | |  | | |  |  |
| ***For completion by the authority.*** | | | |  | | | ***For completion by the authority.*** | |
| Automated case No.: | | | |  | | | Appendix number: | |

**APPENDIX “C”**

**Detailed autobiography**

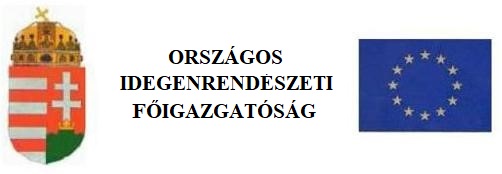
(An account of your life, name, address and occupation of close relatives living abroad, academic studies, previous employment abroad, language skills, place and date of military service, social responsibilities, hobbies and recreational activities, personal preferences or interests, name and address of relatives, friends in Hungary, etc.)



***APPENDIX “D”***

*(family reunification)*

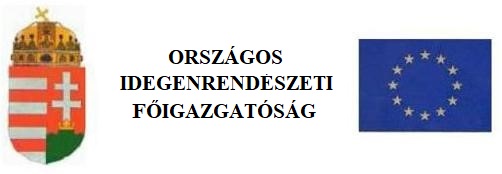
|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Particulars of family members living in Hungary** | | | | | | | | |
| Appendix number | Name | | | | Relationship | | | |
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| Relation of family member and applicant:  Spouse’s child  Applicant’s father  Applicant’s mother  Applicant’s spouse  Applicant’s child  Dependent ascendant of applicant and his/her spouse  Applicant’s sibling  Applicant’s domestic partner | | | | | | | | |
| Date: ..................................... | | | |  | | | | |
|  | | | | ................................................................. | | | | |
|  | | | | signature | | | | |
|  | |  | | | |  | |  |
| ***For completion by the authority.*** | | |  | | | | ***For completion by the authority.*** | |
| Automated case No.: | | |  | | | | Appendix number: | |



***APPENDIX “E”***

*(Hungarian ascendants / earlier Hungarian citizenship)*

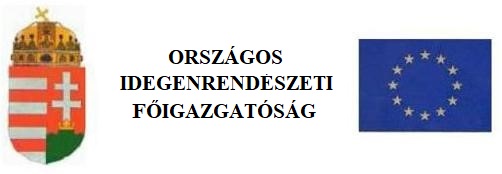
|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Information on earlier Hungarian citizenship** | | | | | | | | | | |
| Have you ever been a Hungarian citizen? | | | | | Yes No | | | | | |
| When did you Hungarian citizenship ceased to exist? | | | | | year       month       day | | | | | |
| Reason for losing earlier Hungarian citizenship? | | | | |  | | | | | |
| Have you ever lived in Hungary as a Hungarian citizen? | | | | | Yes No | | | | | |
|  | | | | | | | | | |  |
| 1. **Information on ascendant’s Hungarian citizenship** | | | | | | | | | | |
| Have your parents, grandparents or more distant ascendants ever been Hungarian citizens? | | | | | | | | Yes No | | |
| Particulars of your ascendants with Hungarian citizenship | | | | | | | | | | |
| Appendix number | Name, place and date of birth | | | | | | | | Relationship | |
|  |  | | | | | | | |  | |
|  |  | | | | | | | |  | |
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|  |  | | | | | | | |  | |
| Date: ..................................... | | | |  | | | | | | |
|  | | | | ................................................................. | | | | | | |
|  | | | | (signature) | | | | | | |
|  | |  | | | |  | | | |  |
| ***For completion by the authority.*** | | |  | | | | ***For completion by the authority.*** | | | |
| Automated case No.: | | |  | | | | Appendix number: | | | |



***APPENDIX “F”***

*(interests of the national economy)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If referring to interests of the national economy** | | | | | |
| Are you applying for residence permit as an investor or family member?  Investor  Family member  If an investor, name of issuer of government bonds: | | | | | |
| Are family members applying for residence together with applicant?  Yes  No | | | | | |
| If yes, which family members are applying?  Spouse  Dependent descendant  Dependent parent | | | | | |
| Appendix number | Name, place and date of birth | | | | Relationship |
|  |  | | | |  |
|  |  | | | |  |
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|  |  | | | |  |
|  |  | | | |  |
| Date: ..................................... | | |  | | |
|  | | | ................................................................. | | |
|  | | | (signature) | | |
|  | | |  | | |
| ***For completion by the authority.*** | |  | | ***For completion by the authority.*** | |
| Automated case No.: | |  | | Appendix number: | |



**APPENDIX “G”**

*(Foreign nationals applying for interim permanent residence permit)*

|  |
| --- |
| **I. EC residence permit certifying long-term residence status granted by any Member State of the European Union** |
| number: |
| validity period: |
| date of issue: |
| place of issue: |
| date of entry into Hungary: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **II. Purpose of stay in Hungary** | | | | | | | |
| **1. Information on employment** | | | | | | | |
| Name of Hungarian employer: | | | | | | | |
| registered address: | | | | | | | |
| Date of prior agreement with the employer/date of document evidencing employment relationship:              year       month       day | | | | | | | |
| **2. Information on gainful activity** | | | | | | | |
| Private entrepreneur  Small-scale farmer  Senior officer of business association  Member of business association  Member of supervisory board of a business association  Other, specify: | | | | | | | |
| If a self-employed entrepreneur or small-scale farmer, number of relevant certificate: | | | | | | | |
| Particulars of business association managed | | | | | | | |
| name: | | | | | | | |
| registered address: | | | | | | | |
| postal code: | locality: | | | | name of public place: | | |
| type of public place: | | building number: | building: | block: | | floor: | door: |

|  |  |
| --- | --- |
| **3. Information on the pursuit of studies**  Particulars of host education establishment | |
| name: | type of education:   secondary education  bachelor training  advanced training   other training  type of training:   preparatory course   basic training |
| **4. Other purpose of stay, specify:** | |