

**Application for a replacement residence permit / permanent residence permit**

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| ***For completion by the authority.*** | Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ | | | | |
| Authority receiving the application (code and name): |  | | | | |
|  |  | |  |  | |
| Date of acceptance of the application: |  | |  |  | |
|  |  | | Facial photograph |  | |
| \_\_\_\_\_ year \_\_\_ month \_\_\_ day |  | |  |  | |
| **Legal basis of the application**  □ replacement of residence permit document  □ replacement of permanent residence permit document |  | |  |  | |
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|  |  |  | | |  |
|  |  | [Handwritten signature specimen of applicant (legal representative)] | | |  |
| Please complete the form legibly, in block letters, using Latin characters. |  | Signature must be inside the box in its entirety. | | |  |
|  |  | | |  |
| **Delivery of document:**  Applicant requests delivery of the document **by way of post**.  Applicant will collect the document at the **issuing authority**.  Phone number:  E-mail address: | | | | | |

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| **I. Particulars of the applicant** | | | | | | |
| 1. Surname: | | |  | | | |
| Forename(s): | | |  | | | |
| 2. Mother’s name: | | |  | | | |
| 3. Place and date of birth: | | | year       month       day | | | |
| 4. Marital status:  single married  divorced  widow(er) | | |  | | | |
| 5. Passport number and validity: | | | | | | |
| 6. Number and validity of residence authorisation document to be replaced: | | | | | | |
| 7. Full address of place of accommodation/residence: | | | | |  | |
| Postal code: | | | | | Land register reference number: | |
| Locality: | | | | | District: | |
| Name of public place: | | | | |  | |
| Type of public place (street, road, square, etc.): | | | | | | |
| Building number: | | | |  | | |
| Building: | Block: | Floor: | | | | Door: |
| **II. Particulars of family members**  Do you have a family member who is a Hungarian citizen?  yes  no  Do you have a family member who is an EEA national?  yes  no | | | | | | |
| Names of family members living in Hungary:  Place and date of birth:             year       month       day  Address in Hungary: | | | | | | |
| **III**. I hereby declare that my residence authorisation document was | | | | | | |
| lost. | | | | | | |
| stolen. | | | | | | |
| destroyed. | | | | | | |
| damaged. | | | | | | |
| **IV. Do you have a residence permit or permanent residence permit issued by another Member State of the European Union?**  yes  no  If yes:  indicate Member State:  indicate type of permit:  document number:  validity period:       year       month       day | | | | | | |
| **Detailed description of the event:** | | | | | | |
|  | | | | | | |
| Date: ......................................... | | | | | | |
| ............................................................... | | | | | | |
| (signature of applicant) | | | | | | |
|  | | | | | | |
| Transaction number of payment if made by electronic payment instrument or by bank deposit: | | | | | | |

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| **INFORMATION** |
| The application shall have enclosed:   * 1 facial photograph * the damaged residence authorisation document, * other document (pl. police report, official certificate etc.)   An administrative service fee in the amount specified by law must be paid.  If a document that was reported lost is found before a replacement is issued, the regional directorate shall give it back to its rightful holder. If a document that was reported lost is found by its rightful holder after the replacement document has been issued, it shall be returned to the competent regional directorate. |

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| ***For completion by the authority*** |
| Replacement of the document is authorised.  Date:……………………………………….. stamp …………………………………………  (signature) |
| The damaged residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been withdrawn and received. |
| Date: ..................................... |
| stamp |
| ......................................................................... |
| (signature of case officer) |
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| The residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been handed over. |
| Date: ..................................... |
| ......................................................................... ……………………………………… |
| (signature of applicant) (signature of case officer, stamp) |