

**Application for a substitute 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**  □ substitution of residence permit document  □ substitution of permanent residence permit document | |  | | |  |  | |  | |  |
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|  |  | | | |  |
|  | |  |  | | | |  |
|  | |  | [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. | |  |  | | | |  |
|  | | | | | | | | |
| **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: | | | | | | | |
|  | | | | | | | | |
| **I. Applicant’s particulars as shown in document** | | | | | | | |  | | | |  |
| 1. Surname: | | | | 2. Forename(s): | | | |  | | | |
|  | | | |  | | | |
| 3. Place and date of birth: | year       month       day | | | | | | |
| 4. Passport number: |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. Marital status:  single  married  divorced  widow(er) | | | |  | | | | | |
| 6. Number of residence authorisation document:       validity:       year       month       day | | | | | | | | | |
| 7. 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: |
| 8. 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 | | | | | | | | | |
| **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:  Date of birth:       year       month       day  Address in Hungary: | | | | | | | | | |
| **III. What changes do you wish to report?** *(Multiple answers may be indicated.)* | | | | | | | | | |
| Change of surname | | | | |  | | | | |
| Change of forename | | | | |  | | | | |
| Change of sex | | | | |  | | | | |
| Change of citizenship | | | | |  | | | | |
| Other, specifically: | | | | |  | | | | |
| **New data:** | | | | | | | | | |
| Surname: | | |  | | | | | | |
| Forename(s): | | |  | | | | | | |
| Sex: | | Male: | | | | | | Female: | |
| Citizenship: | | |  | | | | | | |
| Other data: | | | | | | | | | |
| Transaction number of payment if made by electronic payment instrument or by bank deposit: | | | | | | | | | |

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| **INFORMATION** |
| The application shall have enclosed:   * the original or a certified copy of the document evidencing the change, * the valid residence document, * 1 facial photograph   An administrative service fee in the amount specified by law must be paid.  If the residence permit / permanent residence permit document is defective by default, or if any data it contains is wrong, the regional directorate shall replace it free of charge. |
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| ***For completion by the authority.*** |
| Substitution of the document is authorised.  Date:……………………………………….. stamp …………………………………………  (signature) |
| The residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been withdrawn and received. |
| Date: ..................................... |
| stamp |
| ............................................................ |
| (signature of case officer) |
|  |
|  |
| The residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been handed over. |
| Date: ..................................... |
| ......................................................................... ……………………………………… |
| (signature of applicant) (signature of case officer, stamp) |