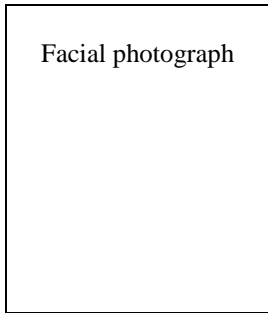





ORSZÁGOS  
IDEGENRENDESZETI  
FŐIGAZGATÓSÁG



Application for a substitute residence permit / permanent residence permit

<p><i>For completion by the authority.</i></p> <p>Authority receiving the application (code and name):</p>	Automated case No.:  _ _ _ _ _ _ _ _ _ _
<p>Date of acceptance of the application:</p> <p>_____ year ___ month ___ day</p>	<p>Facial photograph</p> 
<p><b>Legal basis of the application</b></p> <p><input type="checkbox"/> substitution of residence permit document</p> <p><input type="checkbox"/> substitution of permanent residence permit document</p>	
<p>PLEASE COMPLETE THE FORM LEGIBLY, IN BLOCK LETTERS, USING LATIN CHARACTERS.</p>	 <p>[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>

<p><b>Delivery of document:</b></p> <p><input type="checkbox"/> Applicant requests delivery of the document <b>by way of post.</b></p> <p><input type="checkbox"/> Applicant will collect the document at the <b>issuing authority.</b></p> <p>Phone number:</p> <p>E-mail address:</p>
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<b>I. Applicant's particulars as shown in document</b>	
1. Surname:	2. Forename(s):
3. Place and date of birth:	year month day
4. Passport number:	

5. Marital status:			
<input type="checkbox"/>	single		
<input type="checkbox"/>	married		
<input type="checkbox"/>	divorced		
<input type="checkbox"/>	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?			
<input type="checkbox"/>	yes		
<input type="checkbox"/>	no		
If yes:			
indicate Member State:			
indicate type of permit:			
document number:			
validity period:	year	month	day
<b>II. Particulars of family members</b>			
Do you have a family member who is a Hungarian citizen? <input type="checkbox"/> yes <input type="checkbox"/> no			
Do you have a family member who is an EEA national? <input type="checkbox"/> yes <input type="checkbox"/> no			
Names of family members living in Hungary:			
Date of birth:	year	month	day
Address in Hungary:			
<b>III. What changes do you wish to report? (Multiple answers may be indicated.)</b>			
<input type="checkbox"/>	Change of surname		
<input type="checkbox"/>	Change of forename		
<input type="checkbox"/>	Change of sex		
<input type="checkbox"/>	Change of citizenship		
<input type="checkbox"/>	Other, specifically:		
<b>New data:</b>			
Surname:			
Forename(s):			
Sex:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Citizenship:			
Other data:			
Transaction number of payment if made by electronic payment instrument or by bank deposit:			

**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.

*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)