

**Application for extension of immigration, permanent residence, interim permanent residence,
national residence and EC permanent residence permit**

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| ***For completion by the authority.***Authority receiving the application: |  Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
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|  |   |  |   |
|  |   | Facial photograph |   |
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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**. **E-mail address**:       [ ]  Applicant will collect the document at the **issuing authority**. **Phone number**:      [ ]  Applicant will collect the document at the **diplomatic or consular mission** (if authorised under Section 35/A of the Act on the Admission and Right of Residence of Third-Country Nationals).Phone number:       E-mail address:       |
| **Legal basis of the application:**[ ]  extension of permanent residence permit document[ ]  extension of immigration permit document |  | [ ]  extension of interim permanent residence permit document (Appendix “A” is required)[ ]  extension of national permanent residence permit document[ ]  extension of EC permanent residence permit document[ ]  extension of national residence document issued under Section 35/A of the Act on the Admission and Right of Residence of Third-Country Nationals |  |
| **Number and validity of document evidencing right of residence to be renewed:**  |  |
|  |  |  |  |
| **Particulars of the applicant** |
| Surname:  |        |
| Forename(s): |        |
| Date of birth:  |        year       month       day |
| Passport number and validity:       |        |
|  |
| Full address of place of 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:       |

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| **Please renew my document evidencing right of residence of number above written.****I hereby declare that all data and information indicated above are true and correct.**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 residence authorisation document to be renewed.

An administrative service fee in the amount specified by law must be paid. |

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|  The expired residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been withdrawn and received.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

*(Extension of interim permanent residence permit)*

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|  **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:       |

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| **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:       |

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

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