



ORSZÁGOS
IDEGENRENDESZETI
FŐIGAZGATÓSÁG



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

<i>For completion by the authority.</i> Authority receiving the application:	Automated case No.: _ _ _ _ _ _ _ _ _ _
	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center;">Facial photograph</div>
	<div style="border: 1px solid black; width: 300px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)]</p> <p style="text-align: center;">Signature must be inside the box in its entirety.</p>
PLEASE COMPLETE THE FORM LEGIBLY, IN BLOCK LETTERS, USING LATIN CHARACTERS.	

Delivery of document: <input type="checkbox"/> Applicant requests delivery of the document by way of post. E-mail address: <input type="checkbox"/> Applicant will collect the document at the issuing authority. Phone number: <input type="checkbox"/> 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: <input type="checkbox"/> extension of permanent residence permit document <input type="checkbox"/> extension of immigration permit document	<input type="checkbox"/> extension of interim permanent residence permit document (Appendix "A" is required) <input type="checkbox"/> extension of national permanent residence permit document <input type="checkbox"/> extension of EC permanent residence permit document <input type="checkbox"/> extension of national residence document issued under Section 35/A of the Act on the Admission and Right of Residence of Third-Country Nationals

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The expired residence authorisation of number _____ has been withdrawn and received.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)



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APPENDIX "A"

(Extension of 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
<input type="checkbox"/> Private entrepreneur <input type="checkbox"/> Small-scale farmer <input type="checkbox"/> Senior officer of business association <input type="checkbox"/> Member of business association <input type="checkbox"/> Member of supervisory board of a business association <input type="checkbox"/> 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: <input type="checkbox"/> secondary education <input type="checkbox"/> bachelor training <input type="checkbox"/> advanced training <input type="checkbox"/> other training type of training: <input type="checkbox"/> preparatory course <input type="checkbox"/> basic training
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4. Other purpose of stay, specify:

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)