

**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 |  |  |  |  |  |
|   |   |   |   |  |  |
|   |   |  |
|   |   |  |  |
|  |  | [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[ ]  noIf 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 [ ]  noDo you have a family member who is an EEA national? [ ]  yes [ ]  noNames of family members living in Hungary:Date of birth:       year       month       dayAddress 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. |
|   |
| ***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) |