

**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. | | | |  | | |
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| **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:** | | | | | | | | | | | |  | |
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| **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) | |
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| 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 training  type of training:   preparatory course   basic training |
| **4. Other purpose of stay, specify:** | |

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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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