



BEVÁNDORLÁSI ÉS  
ÁLLAMPOLGÁRSÁGI  
HIVATAL



*Application for residence permit for the purpose of income-generating activity*

<b>Authority receiving the application:</b>		File number:  _ _ _ _ _ _ _ _ _ _	
<b>Office recording the data included in the application:</b>		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;">Photo</div>	
<input type="checkbox"/> <b>Residence permit issued for the first time</b>			
<b>Place of entry:</b>			
<b>Date of entry:</b>  ..... Year ..... Month ..... Day			
<b>Number and expiry date of residence visa</b> H □□□□□□□□ ..... Year ..... Month ..... Day			
<input type="checkbox"/> <b>Renewal of the residence permit</b>		<div style="border: 2px solid black; width: 400px; height: 40px; margin: 0 auto;"></div> <p>[Specimen signature of the applicant (legal representative)] Please ensure your signature fits within the box.</p>	
<b>Number and expiry date of residence visa</b> H □□□□□□□□ ..... Year ..... Month ..... Day			
<b>Place of receipt of the document:</b> <input type="checkbox"/> Applicant will receive the document at the issuing authority. <input type="checkbox"/> Applicant will receive the document by postal mail.			
<b>1. Applicant's personal data</b>			
<b>Family name (as per passport):</b>		Given name (as per passport):	
<b>Family name at birth:</b>		Given name at birth:	
<b>Mother's family and given name at birth:</b>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital status:</b> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced
<b>Place of birth:</b>  ..... Year ..... Month ..... Day	Place of birth (city):		Country:
<b>Citizenship:</b>		Nationality (optional):	
<b>Last permanent residence abroad:</b>			

<b>Qualification:</b>	<b>level of education:</b> <input type="checkbox"/> primary school <input type="checkbox"/> specialized school <input type="checkbox"/> vocational school <input type="checkbox"/> secondary school <input type="checkbox"/> vocational secondary school <input type="checkbox"/> polytechnic <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 years of primary school	<b>Occupation prior to arriving in Hungary:</b>
In case you want to establish employment relationship during your stay in Hungary: a) duration of the professional practice: b) special knowledge, skills in connection with the job: c) native language: d) other spoken languages: e) do you speak Hungarian?		

<b>2. Applicant's passport data</b>	
<b>Passport number:</b>	Place and date of issue: ..... Year ..... Month ..... Day
<b>Type of passport:</b> <input type="checkbox"/> private <input type="checkbox"/> official <input type="checkbox"/> diplomatic <input type="checkbox"/> other	<b>date of expiry:</b> ..... Year ..... Month ..... Day

<b>3. Planned period and purpose of residence</b>	
<b>For what period and what purpose are you applying for residence permit?</b>	□□□□ Year □□ Month □□ Day

<b>4. Data of the applicant's residence in Hungary</b>					
<b>ZIP code:</b>	City/Town:			Name of public domain:	
<b>Type of public domain:</b>	House number:	Building:	Staircase:	Floor:	Door:
Legal title of residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):					

<b>5. Data of your employer or company under your management in Hungary</b>					
<b>Name:</b>					
<b>Address of headquarters:</b>					
<b>ZIP code:</b>		<b>City/Town:</b>		<b>Name of public domain:</b>	
<b>Type of public domain:</b>	House number:	Building:	Staircase:	Floor:	Door:
Professional qualification required for the job:		Date of the preliminary arrangement with the employer:		Position (FEOR number):	

	.....year .....month ..... day	
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a) duration of the professional practice:  
b) special knowledge, skills in connection with the job:  
c) native language:  
d) other spoken languages:  
e) do you speak Hungarian?

Tax number/ tax identification code:	TEÁOR number:	Place of work:
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**Skills, knowledge needed for the job:**

**Language knowledge:**  
Native language:  
Other languages:  
**Do you speak Hungarian?**  yes  no  
**Did you have a work permit in Hungary earlier?** Yes/no

If yes, please specify:

**Name of previous employer in Hungary:**  
Name:.....  
Address:.....

**Previous work permit:**  
Number:.....  
Name of issuing labor centre:.....  
date of expiry:

**Certification number of the small-scale agricultural producer's and entrepreneur's license:**

<b>6. Data on costs of living in Hungary</b>	
<b>Expected amount of income from this activity:</b>	Previous year's taxed income in Hungary:
<b>Amount of available savings:</b>	Any additional income/asset:

<b>7. Conditions of return or onward travel</b>					
<b>Which country do you wish to return to or travel onward after the legal residence?</b>				<b>What means of transport do you want to use?</b>	
<b>Do you have the necessary</b>	<b>passport?</b>	<b>visa?</b>	<b>ticket?</b>	<b>financial means?</b>	
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes, and the sum is:	<input type="checkbox"/> no

8. Spouse, child, parent dependent on the applicant in Hungary			
<b>Name/Relationship:</b>	Place and date of birth:	Citizenship:	Legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
<b>Name/Relationship:</b>	Place and date of birth:	Citizenship:	Legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
<b>Name/Relationship:</b>	Place and date of birth:	Citizenship:	Legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national permanent residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card

9. Other data
<p><b>Are you covered by full health insurance for the period of your stay in Hungary?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Has your application for residence permit ever been refused?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Have you ever been convicted for a crime? If yes, please specify the country, date, the type of crime committed and the type of punishment imposed?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Have you ever been expelled from Hungary? If yes, please specify the date.</b>  <input type="checkbox"/> yes <input type="checkbox"/> no  ..... Year ..... Month ..... Day</p> <p><b>To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, syphilis, leprosy, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you receive compulsory and regular medical treatment?</b>  <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>Permanent or habitual residence prior to arrival to Hungary:</b>  Country:  City/Town:  Name of public space:</p> <p><b>What country do you wish to return to or travel onward after the expiry of your legal stay?</b>  Country:</p>

<p><b>I confirm that the above information is true and correct. I acknowledge that giving false information shall result in the rejection of my application.</b></p> <p style="text-align: right;">..... Signature</p> <p>Dated: .....</p> <p>Duty stamp:</p>
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***For official use only!***

**In case the application is approved**

I allow the applicant to stay in Hungary for the purpose of .....  
until \_\_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Day.

Dated: .....  
.....  
(Signature, seal)

Number of the residence permit issued:

I have received the residence permit.

Dated: .....  
.....  
(Applicant's signature)

In case of renewal, the number of the residence permit revoked:

**In case the application is rejected**

Number of rejection decision: .....

Date of rejection: \_\_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Day

Reasons for rejection (briefly):

## INFORMATION

The application for residence permit can be submitted in person, not later than 30 days before the expiry of legal stay, at the regional directorate competent over the accommodation, together with all relevant documents. One passport photo has to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid at least three more months after the expiry of the residence permitted.

### **Annexes to be attached to the application form:**

#### **▪ document certifying the purpose of residence**

- preliminary arrangement on employment relationship between the employer and the third country employee
- certified copy of the documents proving qualification and the level of education required for the job being carried out by the third country national and the certified Hungarian translation of these documents
- articles of association and company registration certificate of business company, cooperative or other legal entity established to generate income
- private entrepreneur's certification, or the certification issued based on the notification of starting the entrepreneurial activity
- work permit

#### **▪ Document certifying the legal title of residence**

- certified copy of title deed in the case of own property
- tenancy agreement
- document certifying courtesy utilisation of the flat
- other document

#### **▪ document certifying financial background**

- income certificate issued by the tax authority concerning the previous year
- income certificate issued by the employer
- other document

#### **▪ document certifying full health insurance**

- certified copy of the documents proving qualification, level of education, language knowledge, experience and other skills required for the job being carried out by the third country national and the certified Hungarian translation of these documents
- please, procure the documents proving qualification and level of education required for the job from the labor centre, which issued the former work permit, using the domestic assistance of the labor centre.

***The aliens policy authority has the right to ask for any further document during the process in order to clarify the circumstances!***

When applying for the renewal of the residence permit, if the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again

The applicant can ask the proceeding aliens policy authority to obtain the certificate concerning the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward your personal data. If the aliens policy authority obtains the necessary data, the applicant has to pay the related service fees to the aliens policy authority.

INSERT "A"

Data of minor child travelling with and entered into the passport of the applicant

<b>Authority receiving the application:</b>	File number:  _ _ _ _ _ _ _ _ _ _
<b>Office recording the data included in the application:</b>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             Photo           </div>
<input type="checkbox"/> <b>Residence permit issued for the first time</b>	
<b>Place of entry:</b>	
<b>Date of entry:</b>  ..... Year ..... Month ..... Day	
<b>Number and expiry date of residence visa</b> H □□□□□□□□ ..... Year ..... Month ..... Day	<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p>[Specimen signature of the applicant (legal representative)] Please ensure your signature fits within the box.</p>
<input type="checkbox"/> <b>Renewal of the residence permit</b>	
<b>Number and expiry date of residence visa</b> H □□□□□□□□ ..... Year ..... Month ..... Day	

<b>1. The minor's personal data</b>		
<b>Family name (as per passport):</b>	Given name (as per passport):	
<b>Family name at birth:</b>	Given name at birth:	
<b>Mother's family and given name at birth:</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b>
<b>Place of birth:</b>  ..... Year ..... Month ..... Day	Place of birth (city):	Country:

<b>2. Data of the minor's accommodation in Hungary</b>					
<b>ZIP code:</b>	City/Town:	Name of public space:			
<b>Type of public space:</b>	House number:	Building:	Staircase:	Floor:	Door:
<b>Legal title of residence:</b> <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):					

<b>3. Other data</b>
<b>To the best of your knowledge, does the child suffer from HIV/AIDS, hepatitis B, tuberculosis, syphilis, leprosy, typhoid diseases, which need treatment, or is she/he a carrier of HIV, hepatitis B, typhoid or paratyphoid?</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>If the child suffers from any of the above diseases, or he/she is contagious with or a carrier of them, does he/she receive compulsory and regular medical treatment?</b> <input type="checkbox"/> yes <input type="checkbox"/> no

<b><i>For official use only!</i></b>
<b>In case the application is approved</b>
I allow the applicant to stay in Hungary for the purpose of .....
until ____ Year ____ Month ____ Day.
Dated: ..... (Signature, seal)
Number of the residence permit issued: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I have received the residence permit.
Dated: ..... (Applicant's signature)
In case of renewal, the number of the residence permit revoked: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>In case the application is rejected</b>
Number of rejection decision: .....
Date of rejection: ____ Year ____ Month ____ Day
Reasons for rejection (briefly):