

***DATA SHEET FOR THE ISSUANCE OF REGISTRATION CERTIFICATE AND FOR THE REGISTRATION OF RESIDENCE***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of application for the issuance of the document: | | | | | | | | | | | File number: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ | | | | | | | | |
| Year Year Year Month Year Day | | | | | | | | | | |  | | | | | | | | |
| **Legal grounds for issuing the document:** | | | | | | | | | | |  | | | | | | | | |
| income-generating activity studies | | | | | | | | | | |  |  | | | | | |  | |
| family member other | | | | | | | | | | |  |  | | | | | |  | |
|  | | | | | | | | | | |  |  | | | | | |  | |
|  | | | | | | | | | | |  | [Specimen signature of the applicant (legal representative)] | | | | | |  | |
|  | | | | | | | | | | |  | Please ensure your signature fits within the box. | | | | | |  | |
| **I. Data concerning the holder of the right of residence** | | | | | | | | | | | | | | | | | | |
|  | | | Beneficiary's name: | | | | | | | | | | | | |  | | |
| 1. Family name: | | Click here | | | | | | | | | | | | | | | | |
| 2. Given name(s): | | Click here | | | | | | | | | | | | | | | | |
|  | | Previous name or name at birth: | | | | | | | | | | | | |  | | | |
| 3. Family name: | | Click here | | | | | | | | | | | | | | | | |
| 4. Given name(s): | | Click here | | | | | | | | | | | | | | | | |
|  | | Mother's name at birth: | | | | | | | | | | | | |  | | | |
| 5. Family name: | | Click here | | | | | | | | | | | | | | | | |
| 6. Given name(s): | | Click here | | | | | | | | | | | | | | | | |
|  | | Place of birth | | | | | | | | | | | | |  | | | |
| 7. Country: | | Click here | | | | | | | | | | | | | | | | |
| 8. City/Town: | | Click here | | | | | | | | | | | | | | | | |
| 9. Date of birth: | | Year Year Year Month Year Day | | | | | | | | | | | | | | | | |
| 10. Sex: | | Male: | | | Female: | | | | | | | | | | | | | |
| 11. Citizenship: | | Click here | | | | | | | | | | | | | | | | |
| 12. Family status: | | Single | | | | | | | Married | | | | | | Widow(er) | | | |
|  | | Divorced | | | | | | |  | | | | | |  | | | |
| **II. Data of travel document or personal ID card** | | | | | | | | | | | | | | | | | | |
| 21. Please specify the type of the document: | | travel document  personal ID card | | | | | | | | | | | | | | | | |
| 22. Number of document: | | Click here | | | | | | | | | | | | | | | | |
| 23. Type of travel document: | Private | | | | | Official | | | | | | | Diplomatic | | | | | |
|  | Other, please specify Click here | | | | | | | | | | | | | | | | | |
|  | | Place of issue of the document | | | | | | | | | | | | |  | | | |
| 24. Country: | | Click here | | | | | | | | | | | | | | | | |
| 25. City/Town: | | Click here | | | | | | | | | | | | | | | | |
| 26. Date of issue: | | Year Year Year Month Year Day | | | | | | | | | | | | | | | | |
| 27. Date of expiry: | | Year Year Year Month Year Day | | | | | | | | | | | | | | | | |
| **III. Residence in Hungary** | | | | | | | | | | | | | | | | | | |
| 31. ZIP code: | | Click here | | | | | | | | | | | | | | | | |
| 32. City/Town: | | Click here District Click here | | | | | | | | | | | | | | | | |
| 33. Name of public space: | | | | Click here | | | | | | | | | | | | | | |
| 34. Type of public space (road, street, square etc.): | | | | Click here | | | | | | | | | | | | | | |
| 35. Number / Title Number | | | | Click here | | | | | | | | | | | | | | |
| Building: Click here | | Staircase: Click here | | | | | | Floor: Click here | | | | | | Door: Click here | | | | |
| 36. Legal grounds for residence registration  I represent that I own the flat concerned.  I have attached the written consent of the flat's owner or the person otherwise entitled to use the flat. | | | | | | | | | | | | | | | | | | |
| **IV. Other data** | | | | | | | | | | | | | | | | | | |
| 41. Are you covered by health insurance for the period of your stay in Hungary? | | | | | | | | | | | | | | | | | | |
| Yes  No, I will cover the costs of any health care service used. | | | | | | | | | | | | | | | | | | |
| 42. 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? | | | | | | | | | | | | | | | | | | |
| Yes | | No | | | | | | | | | | | | | | | | |
| 43. 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? | | | | | | | | | | | | | | | | | | |
| Yes | | No | | | | | | | | | | | | | | | | |
| 44. Permanent or habitual residence prior to arrival to Hungary:  Country: Click here  City/Town: Click here  Name of public space: Click here | | | | | | | | | | | | | | | | | | |
| 45. Where do you plan to travel onward, if you waive your right of residence or your right of residence expires?  Country: Click here | | | | | | | | | | | | | | | | | | |
| **I confirm that the above information is true and correct.** | | | | | | | | | | | | | | | | | | |
| Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | | | | | | | | | | | |
| **For official use only!** | | | | | | | | | | | | | | | | |  | |
| I authorise the issuance of the registration certificate for the applicant. | | | | | | | | | | | | | | | | | | |
| Dated: ............................................................. | | | | | | | ................................................... (Signature, seal) | | | | | | | | | | | |
| Number of document issued: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| I have received the registration certificate. | |  | | | | | | | | | | | | | | | | |
| Dated: ........................................... | | | | | | | | | | .......................................... (Applicant's signature) | | | | | | | | |
| Duty stamp: | | | | | | | | | | | | | | | | | | |