

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

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|  **Authority receiving the application:** |  File number: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
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|  **Office recording the data included in the application:** |   |   |   |
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|  □ **Residence permit issued for the first time** |   |  Photo |   |
|  **Place of entry:** |   |   |   |
|   |   |   |   |
|  **Date of entry:** |   |   |   |
| **......... Year ........ Month ........ Day** |  |  |  |  |  |
|  |   |   |   |
| **Number and expiry date of residence visa** |   |  |  |
|  **H** □□□□□□□□ **......... Year ........ Month ........ Day** |   |  |  |
|  |  |  |  |
|  □ **Renewal of the residence permit** |   |  [Specimen signature of the applicant (legal representative)] |   |
|  **Number and expiry date of residence visa** |   | Please ensure your signature fits within the box. |   |
|  **H** □□□□□□□□ **......... Year ........ Month ........ Day** |   |   |   |
| **Place of receipt of the document:**Applicant will receive the document at the issuing authority.Applicant will receive the document by postal mail. |
| **1. Applicant's personal data** |
|  **Family name (as per passport):** Click here |  Given name (as per passport): Click here |
|  **Family name at birth:** Click here |  Given name at birth: Click here |
|  **Mother's family and given name at birth:** Click here |  Sex: Male Female |  **Marital status:**singlewidow |  marrieddivorced |
|  **Date of birth:** Year Year Month Month Day Day |  Place of birth (city): Click here |  Country: Click here |
|  **Citizenship:** Click here |  Nationality (optional): Click here |
|  **Last permanent residence abroad:** Click here |
|  **Qualification:** Click here |  **level of education:**primary school specialized school vocational school secondary school vocational secondary school polytechnic college university less than 8 years of primary school |  **Occupation prior to arriving in Hungary:** Click here |
| In case you want to establish employment relationship during your stay in Hungary:a) duration of the professional practice: Click hereb) special knowledge, skills in connection with the job: Click herec) native language: Click hered) other spoken languages: Click heree) do you speak Hungarian? Click here |
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|  **2. Applicant's passport data** |
|  **Passport number:** Click here |  Place and date of issue:  Click hereYear Year Month Month Day Day |
|  **Type of passport:**private official diplomatic other |  **date of expiry:**Year Year Month Month Day Day |
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|  **3. Planned period and purpose of residence** |
|  **For what period and what purpose are you applying for residence permit?** Click here |  Year Year Month Month Day Day |
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|  **4. Data of the applicant's residence in Hungary** |
|  **ZIP code:** Click here |  City/Town: Click here |  Name of public domain: Click here |
|  **Type of public domain:** Click here |  House number: Click here |  Building: Click here |  Staircase: Click here |  Floor: Click here |  Door: Click here |
|  Legal title of residence:owner tenant family member by courtesy of the owner other (please specify): Click here |
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| **5. Data of your employer or company under your management in Hungary** |
|  **Name:** Click here  |
| **Address of headquarters:**  |
| **ZIP code:** Click here | **City/Town:** Click here | **Name of public domain:** Click here |
| **Type of public domain:** Click here | House number: Click here | Building: Click here | Staircase: Click here | Floor: Click here | Door: Click here |
| Professional qualification required for the job: Click here | Date of the preliminary arrangement with the employer: Year Year Month Month Day Day | Position (FEOR number): Click here |
| a) duration of the professional practice: Click hereb) special knowledge, skills in connection with the job: Click herec) native language: Click hered) other spoken languages: Click heree) do you speak Hungarian? Click here |
| Tax number/ tax identification code: Click here | TEÁOR number: Click here | Place of work: Click here |
|  **Skills, knowledge needed for the job:****Language knowledge:**Native language: Click hereOther languages: Click here**Do you speak Hungarian?** yes no**Did you have a work permit in Hungary earlier?** Yes/noIf yes, please specify:**Name of previous employer in Hungary:**Name Click hereAddress Click here**Previous work permit:**Number Click hereName of issuing labor centre Click heredate of expiry: Click here**Certification number of the small-scale agricultural producer’s and entrepreneur’s license:** Click here |
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|  **6. Data on costs of living in Hungary** |
|  **Expected amount of income from this activity:** Click here |  Previous year's taxed income in Hungary: Click here |
|  **Amount of available savings:** Click here |  Any additional income/asset: Click here |
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|  **7. Conditions of return or onward travel** |
|  **Which country do you wish to return to or travel onward after the legal residence?** Click here |  What means of transport do you want to use? Click here |
|  **Do you have the necessary** |  **passport?**  yes no |  **visa?** yes no |  **ticket?** yes no |  **financial means?** yes, and the sum is: Click here |  no |

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|  **8. Spouse, child, parent dependent on the applicant in Hungary** |
|  **Name/Relationship:** Click here |  Place and date of birth: Click here |  Citizenship: Click here |  Legal title of residence:visaresidence permittemporary residence permit□ EC permanent residence permit other |  residence visa permanent residence permitnational permanent residence permit immigration permitEU Blue Card |
|  **Name/Relationship:** Click here |  Place and date of birth: Click here |  Citizenship: Click here |  Legal title of residence:visaresidence permittemporary residence permit□ EC permanent residence permit other |  residence visa permanent residence permitnational permanent residence permit immigration permitEU Blue Card |
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|  **9. Other data** |
|  **Are you covered by full health insurance for the period of your stay in Hungary?** yes no |
|  **Has your application for residence permit ever been refused?** yes no |
|  **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?**yes no Click here |
|  **Have you ever been expelled from Hungary? If yes, please specify the date.** yes no |
|  Year Year Month Month Day Day |
|  **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 |
|  **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 |
| **Permanent or habitual residence prior to arrival to Hungary:** Country: Click here City/Town: Click here Name of public space: Click here |
| **What country do you wish to return to or travel onward after the expiry of your legal stay?**Country: Click here |
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|  **I confirm that the above information is true and correct. I acknowledge that giving false information shall result in the rejection of my application.** |
|  Dated: ...................................................... |  .....................................................Signature |
|  Duty stamp: |

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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): |

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|  **INFORMATION** |
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|  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. |

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

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| **Authority receiving the application:** |  File number: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
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|  **Office recording the data included in the application:** |   |   |   |
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| □ **Residence permit issued for the first time** |   |  Photo |   |
|  **Place of entry:** |   |   |   |
|   |   |   |   |
|  **Date of entry:** |   |   |   |
| **......... Year ........ Month ........ Day** |  |  |  |  |  |
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|  **Number and expiry date of residence visa** |   |  |  |
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|  **H** □□□□□□□□ **......... Year ........ Month ........ Day** |   |   |   |
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|  **1. The minor's personal data** |
|  **Family name (as per passport):** Click here |  Given name (as per passport): Click here |
|  **Family name at birth:** Click here |  Given name at birth: Click here |
|  **Mother's family and given name at birth:** Click here |  Sex:Male Female |  **Citizenship:** Click here |
|  **Place of birth:** Year Year Month Month Day Day |  Place of birth (city): Click here |  Country: Click here |
|   |
|  **2. Data of the minor's accommodation in Hungary** |
|  **ZIP code:** Click here |  City/Town: Click here |  Name of public space: Click here |
|  **Type of public space:** Click here |  House number: Click here |  Building: Click here |  Staircase: Click here |  Floor: Click here |  Door: Click here |
|  **Legal title of residence:** owner tenant family member by courtesy of the owner other (please specify): Click here |

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|  **3. Other data** |
|  **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?**yes no |
|  **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?** yes no |
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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) |   |
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