



**OFFICE OF IMMIGRATION
AND NATIONALITY**



Application for residence permit for the purpose of employment

The application receiving authority:		Number: _ _ _ _ _ _ _ _ _ _	
Data entry body of the application:		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p align="center">Photograph</p> </div>	
<input type="checkbox"/> Residence permit for the first time			
Place of entry:			
Date of entry: Year..... Month..... Day			
Number and validity of residence visa: H □□□□□□□□Year Month..... Day			
<input type="checkbox"/> Extending residence permit		<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;"> <p align="center">[Signature of applicant (or legal representative).] The signature must completely be within the frame!</p> </div>	
Number and validity of residence visa: H □□□□□□□□ Year Month Day			
Place of receipt of document: <input type="checkbox"/> Applicant shall receive the document at the issuing authority. <input type="checkbox"/> Applicant requests the document by post.			
1. Personal data of the applicant			
Family name (as in passport):		First name(as in passport):	
Family name at birth:		First name at birth:	
Mother's family and first names at birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced
Date of birth: Year Month Day	Place of birth (city):		country:
citizenship		nationality (optional):	
Last permanent residence abroad:			

Occupation:	Highest level of education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> university	Occupation prior arriving to Hungary:
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2. Passport data of the applicant	
Passport number:	Date and place of issuance: Year..... Month Day
Type of passport: <input type="checkbox"/> private passport <input type="checkbox"/> official <input type="checkbox"/> diplomatic <input type="checkbox"/> other	validity: Year Month Day

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

4. Data of applicant's accommodation in Hungary						
ZIP code:	city:			Name of public domain:		
Type of public domain:	House number:	building:	staircase:	floor:	Door:	
Title of residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely:						

5. Data of your employer or the company under your leadership in Hungary		
name:	Address of location:	
position:	Number of the work permit:	validity: Year Month..... Day
number of business card allowing primary production:		

6. Data of livelihoods in Hungary	
Expected amount of income:	Previous year's income tax in Hungary:
Amount of available saving:	Any additional income/assets:

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

8. Spouse, child, parent of the applicant in Hungary				
name/relationship:	Place , date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
name/relationship:	Place, date of birth:	citizenship:	Title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card
9. Other data				
For the period of the stay in Hungary do you have full health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> no				
Has your application for residence permit ever been refused? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever been convicted for a crime? If yes, in which country, what kind of crime have you convicted, and what kind of punishment was imposed? <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever been expelled from Hungary, if yes, when? <input type="checkbox"/> yes <input type="checkbox"/> no Year Month Day				
To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid? <input type="checkbox"/> yes <input type="checkbox"/> no				
If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy? <input type="checkbox"/> yes <input type="checkbox"/> no				
Last permanent/habitual residence abroad: country: city: name of public domain:				
Which country do you wish to return to or travel onward after the legal residence? country:				
I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.				
Date: Signature	
Fee stamps:				

For official use only!

In case of allowing the application

I allow the applicant to stay in Hungary on the purpose of

Until _____ Year ____ Month ___ Day.

Date:

(Signature, seal)

Number of issued residence permit:

I have received the residence permit.

Date:

(Signature of the applicant)

In case of renewal number of the revoked residence permit:

In case of rejecting the application

Number of decision:

Date of decision: _____ Year ____ Month ___ Day

Reason 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 local aliens policing authority competent by place of accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport when submitting the application form. The passport should be valid at least three more months than the duration of the residence permitted.

Annexes to be enclosed to the application form:

▪ proof of purpose of residence

- proof of the legal employment
- occasional employment booklet
- document of business associations, cooperatives, or other –on purpose of income-making created - organisations by legal persons, document of proof of enrolment on the trade register
- entrepreneur certificate
- agricultural producer's pass
- work permit

▪ document proving the title of the residence

- in case of owned real estate, a certified copy of the title deed
- tenancy agreement
- document proving courtesy of the flat
- other document

▪ document proving financial background

- income tax certificate from previous year
- income certificate issued by employer
- other document

▪ document certifying full health insurance

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

When applying for the extension of residence permit, 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 aliens policing authority to obtain the certification on the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward personal data. If the aliens policing authority obtains the necessary data, the applicant has to pay the service fees to the aliens policing.

<p>3. Other data</p> <p>To the best of your knowledge, does your child suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If your child suffers from any of the above diseases, or is contagious with or a carrier of them, does your child take part in obliged and permanent therapy? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
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<p><i>For official use only!</i></p> <p style="text-align: center;">In case of allowing the application</p> <p>I allow the applicant to stay in Hungary for the purpose of until _____ Year ____ Month ____ Day.</p> <p>Date: (Signature, seal)</p> <p>Number of issued residence permit: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>I have received the residence permit.</p> <p>Date: (Signature of applicant)</p> <p>In case of renewal number of the revoked residence permit: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">In case of recejting the application</p> <p>Number of decision:</p> <p>Date of decision: _____ Year ____ Month ____ Day</p> <p>Reason for rejection (briefly):</p>
