





<b>6. Dependent spouse, children, parent of the applicant</b>			
<b>name/relationship:</b>	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> long-term 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>Number of residence document:</b> <input type="checkbox"/> not residing in Hungary
<b>name/relationship:</b>	place and date of birth:	nationality:	legal title of residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> interim permanent residence permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other <input type="checkbox"/> long-term 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>Number of residence document:</b> <input type="checkbox"/> not residing in Hungary
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<b>7. Miscellaneous information:</b>			
<b>Permanent or usual place of residence before arriving to Hungary:</b>			
Country:			
Locality:			
Name of public place:			

Do you have a document evidencing right of residence in another Schengen Member State?  yes  no

Type and number of permit: validity: year month day

Have you ever had an application for residence permit rejected previously?

yes  no

Have you ever been sentenced for a crime before? If yes, in which country and when, for what crime, and what was your sentence?

yes  no

Have you ever been expelled from Hungary, if yes, when?

yes  no

year month day

To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?

yes  no

If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?

yes  no

8. I hereby declare that my minor child shown in my passport is travelling with me to Hungary.

yes  no

Attention! If your minor child shown in your passport is travelling with you to Hungary, Appendix A need to be enclosed with your application.

9. Planned duration and reasons of stay

Until when do you wish to have the right of residence? year month day

I hereby declare that the purpose of my stay in Hungary is:

- Job-searching or entrepreneurship (Appendix 1)
- Family reunification (Appendix 2)
- EU Blue Card (Appendix 3)
- Traineeship (Appendix 4)
- Medical treatment (Appendix 5)
- Official (Appendix 6)
- Gainful activity (Appendix 7)
- Research or researcher mobility (long-term) (Appendix 8)
- Visit (Appendix 9)
- Employment (Appendix 10)
- National (Appendix 11)
- Voluntary service activities (Appendix 12)
- Seasonal work (Appendix 13)
- Studies or student mobility (Appendix 14)
- Intra-corporate transfer (Appendix 15)
- Other, specifically: (Appendix 16)

**I hereby declare that the information in the application and in the enclosed Appendix(es) ..... is true and correct. I understand that if the application contains any false information it shall be refused.**

Date: .....  
.....  
(signature)

**I hereby undertake the commitment to leave the territory of Member State of the European Union on my own accord if my application for residence permit is definitively refused.** (to be completed if application is made in Hungary)

Date: .....  
.....  
(signature)

Transaction number of payment if made by electronic payment instrument or by bank deposit:

**For completion by the authority**

**If the application is approved**

The applicant's stay in Hungary for the purpose of \_\_\_\_\_ is hereby authorized until \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day.

Date: .....  
.....  
(signature, stamp)

Number of residence permit issued: \_\_\_\_\_

I have received the residence permit.

Date: .....  
.....  
(signature of applicant)

In the case of renewal, number of residence permit withdrawn: \_\_\_\_\_

**If the application is refused**

Number of the resolution on refusal:

Date of refusal: \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

Legal basis for refusal:

**If the proceeding is terminated**

Number of decision on termination:

Date of decision: \_\_\_\_\_ year \_\_\_\_ month \_\_\_\_ day

Legal basis of the decision: