



Hungarian Visa Application Centre of VFS Joint Visa Application Centre

Applicants name:	
Reference number:	

## RESIDENCE PERMIT FOR THE PURPOSE OF MEDICAL TREATMENT

## **SUBMITTED**

YES	NO

DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE (MANDATORY)	YES	NO
Certificate of the institution providing medical treatment		

DOCUMENTS EVIDENCING SUBSISTENCE	YES	NO
Bank account balance statement of the applicant or the family member		
promising applicant's support and/or		
A certificate issued by the employer and/or tax authority evidencing regular		
income received from abroad.		
By means of a document to prove the family relationship (if a family		
member provides financial coverage for a developing-country national for		
his/her residence in Hungary, this shall be evidenced)		
A document in proof of the ability to provide support from the part of the		
family member promising support, which may be an income certificate		
issued by the tax authority for the previous year and/or		
A document in proof of the ability to provide support –from the part of the		
family member promising support, which may be an income certificate		
issued by the employer and/or		





## Hungarian Visa Application Centre of VES Joint Visa Application Centre

	VFS Joint Visa Application Centre		
Applicants name:			
Reference number:			
A document in proof of the ability to provide	e support –from the part of the		
family member promising support, which m	ay be a bank account balance		
statement and/or			
A certificate issued by the employer and/or tax authority evidencing regular			
income received from abroad by the person	promising support.		
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DOCUMENTS PROVING THE EXIS		YES	NO
ACCOMMODA	TION		_
A residential lease contract or			
A document on accommodation by courtesy			
beneficiary (if the property is burdened by u			
A document on accommodation by courtesy	•		
beneficiary (if the property is burdened by u	sufruct) or		
Documentary evidence to verify the reservat	ion of accommodation and		
payment or			
A notarised statement made by a family mer	nber providing the		
accommodation, promising lodging to the ap	oplicant or		
A real estate sales contract and a copy of the	decision of the competent		
Budapest or county government agency gran	nting permission for the		
acquisition of a real estate property.			
			•
DOCUMENTS EVIDENCING COMPR		YES	NO
SERVICES			
A copy of the social security card issued by			
Business health insurance policy allowing ac			
healthcare services and a document in proof	1 , 0		
Bank account balance statement on the cove	rage for possible healthcare		
service costs.			
Note:			
<ul> <li>Only original documents are accept</li> </ul>	ed.		
<ul> <li>Please bring one extra set of Photo</li> </ul>	copy of all the documents you wish to st	ubmit. Als	so bring
full copy of the valid passport.			
o The Embassy reserves the right to re	equest further documentation.		
Contact of applicant (Tel):	EIIIăII		

Signature (applicant) : \_\_\_\_\_\_ SO Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_