Annex no. 9 to Minister of Interior Decree no.9/2024 (of 29 February)

National Directorate-General for Aliens Policing
Országos Idegenrendészeti Főigazgatóság

Application form for a residence permit

For completion by the authority. **The authority receiving the application:** **_____**	
Date of receipt of the application: _____ year _____ month ____ day	Area designated for the placement of a facial photograph
	[Handwritten signature specimen of the applicant (legal representative)] The signature must be inside the box in its entirety.

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

☐ **First time issuance of a residence permit:** Border crossing point as place of entry, date of entry: , year month day

☐ **Extension of a residence permit:** Document number of the residence permit, date of expiry: , year month day

Telephone number:	**Email address**:

Delivery of the document (in case the application is submitted by the applicant, unless the application is for a residence permit for the purpose of training or for a residence permit for the prupose of studies):
☐ The applicant requests delivery of the document **by way of post**.
Postal delivery address: ☐ place of accommodation of the applicant ☐ contact address of the attorney-in-fact

☐ The applicant will collect the document **at the issuing authority**.

1. Personal data of the applicant

surname (as shown in the passport):	forename (as shown in the passport):
surname at birth:	forename at birth:
mother's surname at birth:	mother's forename at birth:

sex: ☐ male ☐ female	marital status: ☐ unmarried ☐ widow(er) ☐ married ☐ divorced	
date of birth: year month day	place of birth (locality):	country:
citizenship:	nationality/ethnicity (nonmandatory data):	
professional qualification(s):	educational attainment: ☐ primary ☐ secondary ☐ tertiary	occupation before arriving in Hungary:

2. Particulars of the applicant's passport

passport number:	date and place of issuance: year month day,
passport type: ☐ ordinary ☐ service/official ☐ diplomatic ☐ other	date of expiry: year month day

3. Particulars of the applicant's place of residence in Hungary

parcel identification/land register reference number (topographical LOT no.):	postal code:	locality:	name of the public place:

type of the public place (i.e. street, road, square, etc.):	street number:	building:	stairway:	floor:	door:

legal title of residence in the place of accommodation: ☐ owner ☐ (sub)tenant ☐ family member ☐ courtesy user of accommodation ☐ other, specifically:

4. Condition of full health insurance

Do you have full health insurance for the duration of your stay in Hungary?

☐ based on an employment relationship ☐ I have funds to cover the costs

☐ I have full health insurance ☐ other, specifically:

5. Conditions for return or onward travel

When your legal stay expires, which country will you return or travel onwards to?	By which means of transport?

Do you have the necessary	passport? ☐ yes ☐ no	visa? ☐ yes ☐ no	ticket(s)? ☐ yes ☐ no	financial coverage? ☐ yes, amount: ☐ no

6. Applicant's dependent spouse, child, parent

name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence	☐ residence visa ☐ permanent residence permit ☐ national permanent

			permit ☐ EC permanent residence permit ☐ interim residence card ☐ EU residence card ☐ national residence card ☐ other, specifically:	residence permit ☐ immigration permit ☐ EU Blue Card Residence document number: ☐ does not reside in Hungary
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence permit ☐ EC permanent residence permit ☐ interim residence card ☐ EU residence card ☐ national residence card ☐ other, specifically:	☐ residence visa ☐ permanent residence permit ☐ national permanent residence permit ☐ immigration permit ☐ EU Blue Card Residence document number: ☐ does not reside in Hungary
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence permit ☐ EC permanent residence permit ☐ interim residence card ☐ EU residence card ☐ national residence card ☐ other, specifically:	☐ residence visa ☐ permanent residence permit ☐ national permanent residence permit ☐ immigration permit ☐ EU Blue Card Residence document number: ☐ does not reside in Hungary
name/degree of relationship:	place and date of birth:	citizenship:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence permit ☐ EC permanent residence permit ☐ interim residence card ☐ EU residence card ☐ national residence card ☐ other, specifically:	☐ residence visa ☐ permanent residence permit ☐ national permanent residence permit ☐ immigration permit ☐ EU Blue Card Residence document number: ☐ does not reside in Hungary

7. Other details

Permanent or habitual place of residence (prior to your arrival in Hungary):

Country: Locality: Name of the public place:

Are you a holder of a valid residence permit document in another Schengen Member State? ☐ yes ☐ no

type and number of the permit:

date of expiry: year month day

Have you ever had a rejected application for a residence permit before?
☐ 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 punishm ent, 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 of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in your body?

☐ yes ☐ no

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

☐ yes ☐ no

8. I hereby declare that the minor child of mine indicated in my passport is travelling to Hungary together with me.

☐ **yes** ☐ **no**

Please note that if your minor child indicated in your passport is travelling to Hungary together with you, Appendix "A" must be attached to/enclosed with your application.

9. Planned duration of stay and reasons

Until when are you applying for a residence permit? year month day

I hereby declare that the reason for my stay in Hungary is:

☐ Guest self-employment (Appendix no. 9.2)
☐ Guest investor (Appendix no. 9.3)
☐ Seasonal employment (Appendix no. 9.4)
☐ Employment for the purpose of investment (Appendix no. 9.5)
☐ Employment (Appendix no. 9.6)
☐ Residence permit for guest workers (Appendix no. 9.7)
☐ Hungarian Card (Appendix no. 9.8)
☐ EU Blue Card (Appendix no. 9.9)
☐ Intra-corporate transfer (Appendix no. 9.10)
☐ Research or (long-term) mobility of researchers (Appendix no. 9.11)
☐ National Card (Appendix no. 9.12)
☐ Pursuing studies or student mobility (Appendix no. 9.13)
☐ Seeking a job or starting a business (Appendix no. 9.14)
☐ Training (Appendix no. 9.15)
☐ Traineeship (Appendix no. 9.16)
☐ Official (Appendix no. 9.17)
☐ White Card (Appendix no. 9.18)
☐ Posted work (Appendix no. 9.19)
☐ Medical treatment (Appendix no. 9.20)
☐ Voluntary service (Appendix no. 9.21)
☐ Residence permit for reasons of Hungarian national interest (Appendix no. 9.22)
☐ Family reunification (Appendix no. 9.23)

10. I hereby declare that all data indicated in this application and in the appendix/appendices attached/enclosed are true and correct. I understand that submission of false data or information shall result in the refusal of the application.

Date: ..... Signature: .....

11. I hereby declare that I undertake voluntarily departure from the territory of the Member States of the European Union and of other Schengen States to the country indicated in Point 5

a) (to be completed if the application is submitted in Hungary) **in case a final decision of refusal is made on my application case for a residence permit, or**

b) in case my residence permit issued based on this application is withdrawn permanently.

Date: ..... Signature:.....

12. (This Point is to be completed in case of an application for a residence permit for seasonal employment; a residence permit for employment for the purpose of investment; a residence permit for the purpose of employment; a residence permit for guest workers, as well as a National Card.)

I hereby declare that I understand that my residence permit will become invalid upon the 6th day after my employer files the termination nofitication of my employment relationship.

I undertake to leave the territory of Hungary, the Member States of the European Union and other Schengen States as soon as possible, but no later than within 8 days of the date on which my residence permit ceases to be valid.

In this context, I declare that I am going to undertake voluntary departure and fulfil my obligation to leave to , the country indicated in Point 5, as a country which is considered a safe country of origin or a safe third country for me, where I will not be at risk of persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion, or as defined in Article XIV(3) of the Fundamental Law of Hungary.

The country indicated in Point 5 is:

☐ a state where I have my habitual place of residence and that I am allowed to enter with the following permit:
type and number of the permit: ,

☐ the/a state of my citizenship,

☐ a state that I am allowed to enter with the following permit:
type and number of the permit: ,

It is known to me that in case my residence permit becomes invalid, the immigration authority shall order my return to the country indicated by me, publish the decision on its website, if no data is available concerning my departure.

It is known to me that if I do not comply with the provisions of the decision of expulsion by the deadline specified in the decision, the immigration authority will carry out the expulsion under law enforcement escort and impose a ban on my entry and stay.

Date: ..... Signature: .....

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

For completion by the authority.

If the application is approved

I hereby approve the applicant's residence in Hungary for the purpose of _____ until _____ year ____ month ___ day.

Date: ..... Signature, stamp: .....

Document number of the residence permit issued and handed over: _____

I received the residence permit.

Date: ..... Signature of the applicant: .....

In case of extension, the document number of the residence permit withdrawn: _____

If the application is refused

Number of the resolution on refusal: _____

Date of the refusal: _____ year _____ month ___ day

Legal basis of the refusal:

If the procedure is terminated

The number of the decision of termination: _____

Date of the decision: _____ year _____ month ___ day

Legal basis of the decision: _____