



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



**APPENDIX for an application for a residence permit
(Medical treatment)**

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.			
1. Name and place of establishment (i.e. registered address) of the host healthcare institution			
name of the healthcare institution:			
place of establishment (i.e. registered address) of the healthcare institution:			
2. If you are accompanying a minor child of yours or another family member of yours who is unable to take care of/provide for himself/herself, the particulars of the family member accompanied			
surname:		forename:	
surname at birth:		forename at birth:	
date of birth:	place of birth (locality):		country:
year	month	day	
citizenship:		degree of relationship:	

3. Information about means of subsistence in Hungary	
Are the means of subsistence provided for the applicant by	the applicant himself/herself? ☐ yes ☐ no a family member? ☐ yes ☐ no
Name of the family member providing for the applicant's means of subsistence:	
Degree of relationship:	
Do you have any savings? ☐ yes ☐ no Amount:	
Other additional income/properties or assets as means of subsistence:	

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.