



**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:

year

month

day

place of birth (locality):

country:

citizenship:

degree of relationship:

**3. Information about means of subsistence in Hungary**

Are the means of the applicant himself/herself?

subistence yes no

provided for the a family member?

applicant by 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.*