



ORSZÁGOS
IDEGENRENDESZETI
FŐIGAZGATÓSÁG



Application for a replacement residence permit / permanent residence permit

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| <p><i>For completion by the authority.</i> Authority receiving the application (code and name):</p> | Automated case No.: |
| Date of acceptance of the application: _____ year ___ month ___ day | <div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding: 5px;">Facial photograph</div> |
| <p>Legal basis of the application</p> <p><input type="checkbox"/> replacement of residence permit document</p> <p><input type="checkbox"/> replacement of permanent residence permit document</p> | |
| PLEASE COMPLETE THE FORM LEGIBLY, IN BLOCK LETTERS, USING LATIN CHARACTERS. | <div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p> |

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| <p>Delivery of document:</p> <p><input type="checkbox"/> Applicant requests delivery of the document by way of post.</p> <p><input type="checkbox"/> Applicant will collect the document at the issuing authority.</p> <p>Phone number:</p> <p>E-mail address:</p> |
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| <p>I. Particulars of the applicant</p> <p>1. Surname: Forename(s):</p> <p>2. Mother's name:</p> <p>3. Place and date of birth: _____ year _____ month _____ day</p> <p>4. Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow(er)</p> |
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5. Passport number and validity:

6. Number and validity of residence authorisation document to be replaced:

7. Full address of place of accommodation/residence:
Postal code: Land register reference number:
Locality: District:
Name of public place:
Type of public place (street, road, square, etc.):
Building number:
Building: Block: Floor: Door:

II. Particulars of family members
Do you have a family member who is a Hungarian citizen? yes no
Do you have a family member who is an EEA national? yes no
Names of family members living in Hungary:
Place and date of birth: year month day
Address in Hungary:

III. I hereby declare that my residence authorisation document was
 lost.
 stolen.
 destroyed.
 damaged.

IV. Do you have a residence permit or permanent residence permit issued by another Member State of the European Union?
 yes
 no
If yes:
indicate Member State:
indicate type of permit:
document number:
validity period: year month day

Detailed description of the event:

Date:

.....
(signature of applicant)

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

INFORMATION

The application shall have enclosed:

- 1 facial photograph
- the damaged residence authorisation document,
- other document (pl. police report, official certificate etc.)

An administrative service fee in the amount specified by law must be paid.

If a document that was reported lost is found before a replacement is issued, the regional directorate shall give it back to its rightful holder. If a document that was reported lost is found by its rightful holder after the replacement document has been issued, it shall be returned to the competent regional directorate.

For completion by the authority

Replacement of the document is authorised.

Date: stamp
(signature)

The damaged residence authorisation of number _____ has been withdrawn and received.

Date:

stamp

.....
(signature of case officer)

The residence authorisation of number _____ has been handed over.

Date:

.....
(signature of applicant)

.....
(signature of case officer, stamp)