

### **Registration for EEA nationals**

### **Application process**

Department of Erasmus+ & International Programmes Directorate of Educational Affairs Eötvös Loránd University (ELTE)

2019

T: 0036 1 411 6543 W: www.elte.hu/en

Facebook: www.facebook.com/elteinternational



### Registration in Hungary for **EEA**students

If you are an **EEA student** (EEA states are members of the European Union, Iceland, Norway, Lichtenstein and Switzerland) studying at ELTE for more than 90 days, you need to **apply for a registration card** 

H	REGISZETRÁCIÓS IGAZOLÁS
Családi név:	TESZT
Utónév:	ELEK
Születési hely:	KOLOZSVÁR, ALBÁNIA Születési idő: 1977.07.07.
Cim:	1117 BUDAPEST BUDAFOKI ÚT 60/A
Bejel, időp.:	2007.06.26
Kiállítás helye:	BEVÁNDORLÁSI ÉS ÁLLAMPOLGÁRSÁGI HIVATAL, BUDAPEST
5	PD-
~	Aláirás RA000009

You can arrange your registration card in person at the National Directorate-General for Aliens Policing



#### **More Information**

National Directorate-General for Aliens Policing - Client Service II (BUDAPEST)

Address: <u>1135 Budapest, District 13,</u> <u>35-37 Szegedi út (Twin Office Building,</u> <u>Ground floor)</u>

Web: www.bmbah.hu

# Required documents to the National Directorate-General for Aliens Policing

	Completed form of "Data sheet for the issuance of registration certificate and for the registration of residence"	Download it, print it and fill it in!
E	Valid passport or identity card	
	Certificate of student status	You can receive it at <u>Quaestura Office</u> or in person from your faculty coordinator. (Temporary student card is not equivalent!)
	Certificate of accommodation	<ul> <li>Dormitory certificate; or</li> <li>Proof of student hostel; or</li> <li>If you rent a flat: Lease Contract (the original document and a copy of it)</li> </ul>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certificate of the financial conditions	Scholarship, bank account statement, or a bank account statement of your parents and a declaration from your parents that they support you in a financial way, etc.
	Certificate of health insurance	Any health insurance valid in the territory of EUe.g.; European Health Insurance Card
Her A	Declaration about the day of crossing the Hungarian Border - last time, no more than 90 days ago	Download it, print it and fill it in!
BÖTVÖC	Registration fee: <b>1000 HUF</b>	The administrative service fee is payable by way of electronic payment instrument (bank card) or in the form of bank deposit (using the cheque supplied by the regional directorate). In respect of yellow cheques, in the "comment" box the client's name and date of birth, and the case type"registration certificate" shall be indicated. (For students with a Hungarian governmental scholarship, e.g. Stipendium Hungaricum, the application process is duty free.)

SIS DE ROLAN



BEVÁNDORLÁSI ÉS MENEKÜLTÜGYI HIVATAL



DATA SHEET FOR THE ISSUANCE OF REGISTRATION CERTIFICATE AND FOR THE REGISTRATION OF RESIDENCE

You have to give the mant to be in Hungan the correct box. You, student at ELTE, pleas	ry – put an ,x' into as an international	You have to put your <u>official</u> <u>signature</u> in the box. Make sure that your signature remains within the frame.
This is the exact date when you are applying for the document	Legal grounds for issuing the document: income-generating activity studies family member other Applicant's Phone Number: +36 20 562 4571 Applicant's E-mail Address: John.do@gmail.com	[Signature Specimen of Applicant (Legal Representative)] Please make sure your signature fits in the box
	Date of requesting the issuance of document: <u>2016</u> Year <u>02</u> Month <u>03</u> I	File Number:  _ _ _ _ _ _ _  Day





You have to give the address of the place you are staying at in Hungary. You find an example below.

			III. F	lesidence Data	in Hunga	ry		
	. ZIP code:	1064	N/I					
32	2. City/Town:	Budapest	District VI.					
33	. Name of Public Pres	nises:	<b>Izabe</b> lla					
34	. Type of Public Pren	iises (road,	street					
	eet, square, etc.): 6. House Number or L	ot Number	<b>46</b>					
	Building:		Staircase:		Floor:	1. C	Door:	127
	Legal grounds for re I hereby declare and I hereby enclose the	affirm that I a	m the owner of t	he property spe	cified abov		he above specifie	ed property.
X	. Legal grounds for re I hereby declare and I hereby enclose the	affirm that I a	m the owner of t	he property spe r of /the person	cified abov legally ent	itled to use t		ed property.
×	Legal grounds for re I hereby declare and I hereby enclose the <b>Put an ,x' in</b>	affirm that I a	m the owner of t	he property spe r of /the person Put an ,x	cified abov legally ent <b>' in the</b>	itled to use t box if yo	ou are	ed property.
×	. Legal grounds for re I hereby declare and I hereby enclose the	affirm that I a	m the owner of t	he property spe r of /the person Put an ,x	cified abov legally ent <b>' in the</b>	itled to use t box if yo		ed property.
	E. Legal grounds for re I hereby declare and I hereby enclose the Put an ,x' in the box if you	affirm that I a	m the owner of t	he property spe r of /the person Put an ,x staying a	cified abov legally ent ' in the t some	box if yo else's fla	ou are	ed property.
X	E. Legal grounds for re I hereby declare and I hereby enclose the Put an ,x' in the box if you have your	affirm that I a	m the owner of t	Put an ,x staying a staying v	cified above legally ent in the t some vith fan	box if yo else's fla	ou are at (rent or	
X	E. Legal grounds for re I hereby declare and I hereby enclose the Put an ,x' in the box if you	affirm that I a	m the owner of t	Put an ,x staying a staying v need to a	cified above legally ent in the t some vith fan attach a	box if yo else's fla nily or fr statem	ou are at (rent or iends). You	e

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IV. Other Data	Put an ,x' into the			
41. Are you covered by full health insurance for the duration of your stay in Hungary?	correct box			
Yes. No, I will cover the costs of any health care service used.				
42. Are you aware of any disease or medical condition (such as HIV/AIDS, uberculos				
other that need permanent medical treatment) you have? Do you carry any of the follow	mg contagious diseases: HIV, Hepatitis B,			
typhus or paratyphus?				
Yes No 🕅	41-1 A 1 A 44 -			
43. If you are suffering from any of the above specified contagious diseases or medical	conditions, do you receive an obligatory			
and regular medical treatment? Yes 🔲 No 🕅				
44. Permanent or Habitual Residence (prior to arrival to Hungary):				
- Cormany The addre	ess of the place			
Country:	•			
City/Town: Berlin arrival to	u lived before your			
Name of Public Premises: Joachimstaler Str. 172	i lui igai y			
45. On abandoning your right of residence or on termination of your right of residence which country do you intend to travel to?				
Country: Germany After leaving Hungary which country are you planning to go to?				
I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief.				
03.02.2016. Sign i	t here			
	ture of Applicant			

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#### DO NOT WRITE IN THIS SPACE. THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.

I hereby give approval to the issue of the registration certificate for the Applicant.

Date:

Number of Document Issued: I hereby acknowledge the

receipt of the above registration

Date:

certificate.

(Seal and Signature of Officer)

Youdon't have to fill out anythinghere!

(Signature of Applicant)



### DECLARATION OF BORDER CROSSING

Undersigned (name). John Do	Yo
Date of birth, place of birth: 16.08.1992, Bergen, Nonvay	rec bo
Mother's maiden name:	na
ID or Passport nr.: 245698NA	
Citizenship:Norwegian	The
declare that I came to Hungary at	the
Budapest 28.01.2016. on	Wr you Hu arr pla Bu
Sign it here signature	W wh Hu

Declaration of Border Crossing

Your mother's name she received when she was born, NOT her married name!!

The number you find on the document

Write the place where you crossed the Hungarian border (if you arrived in Hungary by plane, the place is Budapest)

Write the exact date when you arrived in Hungary DE ROLAN

Please note that you will receive the <u>registration card</u> on the spot when you are at the Immigration and Asylum Office.



You will receive the <u>address card</u> in an official letter by post on the address in Hungary that you declared on the registration form <u>within two weeks</u> after your visit at the Office.





### How to prepare for the visit to the National Directorate-General for Aliens Policing

- Read the information **carefully** (<u>www.elte.hu/en/visa-procedure/eea</u>).
- Fill in the required forms, make a copy of the necessary documents and take all of them with you.
- You can ask an ESN ELTE mentor to go with you to the Office. Meet the international coordinator on the given place **on time** on the selected day.
- Make sure that you have **enough time** on the selected day. At the beginning of the semesters, there are always many costumers at the Office.
- **Be patient** at the Office. The administration takes about 15-20 minutes/person.



### National Directorate-General for Aliens Policing – Client Service II

- Address: <u>1135 Budapest, District 13, 35-37 Szegedi út (Twin Office</u> <u>Building, Ground floor)</u>
- Phone number: +36 1 463 9100
- Web: www.bmbah.hu/
- E-mail: <u>bp2@bah.b-m.hu</u>

#### Office hours:

Monday	07:00-13:30
Tuesday	12:00-18:00
Wednesday	08:00-13:30
Thursday	08:00-13:30
Friday	08:00-11:00





### Contact us

Department of Erasmus+ & International Programmes Directorate of Educational Affairs Eötvös Loránd University (ELTE)

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