# National Health Insurance Fund of Hungary

**IGÉNYLŐLAP/Request Sheet**

## for the social security number and card

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Cause of request** |  | **first request** |  | **lost, stolen, damaged** |  | **data change** |  | **expired** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family name** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| **Given name** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| **Birth name** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| **Mother’s maiden name** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| **Place of birth** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Date of birth** | | | | | | |  | |  | |  | |  | | **Year** | | | |  | | | | |  | | **month** | | | | |  | | |  | | | **day** | | | |  | |
| **Nationality** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Gender** | | | | | | |  | | **male** | | | | | | | | | |  | | | | | | **female** | | | | | | | | | | | | | | | |  | |
| **Permanent address** | | | **Post code** | | | |  | |  | |  | |  | | **settlement** | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| **street** |  | | | | | | | | | | | | | | **number** | | | |  | | | | | | | | | **Floor/door** | | | | | | | |  | | | | |  | |
| **Temporary address** | | | **Post code** | | | |  | |  | |  | |  | | **settlement** | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| **street** |  | | | | | | | | | | | | | | **number** | | | |  | | | | | | | | | **Floor/door** | | | | | | | |  | | | | |  | |
| **Substitute authorised person/requisition** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Address** | | | | **Post code** | | | |  | |  | |  | |  | | **settlement** | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| **street** |  | | | | | | | | | | | | | **Number** | | | |  | | | | | | | **Floor/door** | | | | | | | | |  | | | | | | |  | |
| **Alulírott nyilatkozom arról, hogy külföldön EGT, Egyezményes államban, saját biztosítási rendszerrel rendelkező**  **szervezetnél fennálló biztosítási jogviszonnyal nem rendelkezem./I, the undersigned hereby declare that I have no social security in any other EEA country.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Data** | |  | | | | |  | |  | |  | |  | | **year** | | | |  | | | | |  | | **month** | | | | |  | | |  | | | **day** | | | |  | |
| **Signature** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **The Office fill in the followings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Az igénylőlap kiállítása a bemutatott** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **számú személyi igazolvány** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **számú születési/házassági anyakönyvi kivonat** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **számú útlevél** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **számú tartózkodási engedély** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **számú egyéb okirat alapján történt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **A TAJ kiadását megalapozó jogviszony megnevezése:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Az adatok valódiságát ellenőriztem:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Az igénylő Társadalombiztosítási Azonosító Jele** | | | | | | | | | | | | | | | | | | |  |  | | |  | | | |  | | |  | |  | | |  | | |  | |  | |
| **Igazgatási szolgáltatási díj befizetésére vonatkozó feljegyzés** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Iktatószám, dátum:** | | | | |  | | | | |  | |  | |  | |  | **év** | | | | |  | | | |  | | | **hó** | | | |  | | |  | | | **nap** | |  |
| **Ügyintéző aláirása** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

 **PH.**

A.3517-I. r. sz. Térítésmentes nyomtatvány NYT.53