

For completion by the authority!

ORSZÁGOS IDEGENRENDÉSZETI FŐIGAZGATÓSÁG



Notification of accommodation

Authority receiving the notification (code and nam	<u>e):</u>		
Time of receiving the notification:			
yearmonthday			
PLEASE COMPLETE THE FORM LEGIBLY	, IN BLOCK LETTERS	ISING LATIN CHARACTERS	
Telephone number:			
E-mail address:			
I. Personal data of the applicant:			
1. Surname:		Sex:	
Forename(s):		Citizenship:	
Mother's surname and forename at birth:			
3. Date of birth:	year r	nth Place of birth:	
4. Marital status:		lay Trace of birth.	
□ single □ married			
□ divorced □ widow(er)			
5. Passport number and validity:		ear month day	
Number of residence permit:			
6. Address of accommodation (precise):			
		:	
Postal code:	Land register ref. nu	per	
Locality:	District:		
Name of public place:	5	iot.	
Type of public place (road, street, square, etc):			
Building number:			
Building: Block:	Floor:	Door:	
		7. Legal title of residence at th	e accommodation:
		o owner	
		o tenant o other:	
Date			
Date:			
Signature of landlord Signature of applicant			of applicant

INFROMATION

Mandatory enclosures:

- proof of the use of accommodation (e.g. residential lease contract, document on accommodation by courtesy, etc.)
- copy of valid passport

Information for applicants: When relocating, third-country nationals shall - within three days - notify the regional directorate of jurisdiction by reference to the place where the new place of abode is located, according to the (1) subparagraph of Section 156 of Government Decree 114/2007. (V.24.) on the Implementation of Act II of 2007 on the Admission and Right of Residence of Third-Country Nationals.

The competent regional directorate shall be entitled to consult the register of personal data and address records to verify the address registered.