



ORSZÁGOS
IDEGENRENDESZETI
FŐIGAZGATÓSÁG



DATA SHEET

to issue registration certificate for EEA Nationals and to notify the first place of residence

For completion by the authority. Date of initiation of issuing the certificate: _____ year _____ month ____ day		Automated case No.: _ _ _ _ _ _ _ _ _ _	
The legal basis of issuing the certificate: <input type="checkbox"/> gainful activity <input type="checkbox"/> purpose of study <input type="checkbox"/> family member <input type="checkbox"/> other		<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>	
Applicants phone number: Applicants email:			
1. Personal data of the applicant			
surname (as shown in passport):		forename (as shown in passport):	
surname by birth:		forename by birth:	
mother's surname and forename at birth:		sex: <input type="checkbox"/> male <input type="checkbox"/> female	marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced
date of birth: _____ year _____ month _____ day	place of birth (locality):		country:
citizenship:		ethnicity (not mandatory):	
2. Details of the applicant's passport or ID card			
Type of document:		<input type="checkbox"/> passport <input type="checkbox"/> ID card	
Document No.:			
Type of passport:		<input type="checkbox"/> private passport <input type="checkbox"/> service passport <input type="checkbox"/> diplomatic passport <input type="checkbox"/> other, specifically:	

Place and date of issue:			
Country:			
Locality:			
Place of issue:	year	month	day
Validity period:	year	month	day
3. Details of the applicant's place of accommodation in Hungary			
Postal code:			
Locality:		District:	
Name of the public place:			
Type of the public place:			
Building number / Land register reference number:			
Building:	Block:	Floor:	Door:
Legal title of residence in the place of accommodation:			
<input type="checkbox"/> I hereby declare that I am the owner of the property indicated.			
<input type="checkbox"/> Enclosed please find the statement of consent of the owner of the residential property or the landlord being the lawful user of the property on other grounds.			
4. Other data			
Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No, I have sufficient financial resources to cover the costs.			
To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Permanent or usual place of residence before arriving to Hungary:			
Country:		Locality:	
Name of public place:			
When you cease to exercise your right of residence, or your right of residence expires, which country will you be travelling to?			
Country:			
I hereby declare that the information in the application is true and correct.			
Date: _____		_____ signature	
Transaction number of payment if made by electronic payment instrument or by bank deposit:			

For completion by the authority

I hereby authorize the issuance of the registration certificate for the applicant.

Date:
.....
(signature, stamp)

Number of the certificate issued: _____

I have received the registration certificate.

Date:
.....
(signature of applicant)