

DATA SHEET

for the issuance/extension of a residence card and for the registration of the first place of residence

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| ***For completion by the authority.***  **Authority receiving the application:** | Automated case no.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
| **Date of receiving the application:** |  |
| year month day |  |
| **Purpose of the application:** | Facial |
| Issuance of a document. | photograph |
| Extension of document. |  |
| **The applicant’s family member is an:** |  |
| EEA citizen. |  |
| **Residence card no.:** |  |
| **Validity of the residence card:** | [Handwritten signature specimen of the applicant  (or legal representative)] |
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| year month day | Signature must be inside the box in its entirety. |
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| **Delivery of the document:**  The applicant requests delivery of the document **by way of post**. **Email address**:  The applicant will collect the document **at the issuing authority**. **Telephone number**: |

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| **1. Personal data of the applicant** | | |
| **surname (as shown in passport):** | **forename (as shown in passport):** | |
| surname at birth: | forename at birth: | |
| **mother’s surname and forename at birth:** | **sex**:  male female | **marital status:**  single married  widow(er) divorced |

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| **date of birth:**  **year month** | **day** |  | place of birth (locality): | | | country: |
| **citizenship:** | | | | | | |
| **2. Particulars of the applicant’s passport** | | | | | | |
| **passport no.:** | | | | | **place and date of issuance:**  year month day | |
| **passport type:** |  |  | |  | **validity period:**  **year month** | **day** |
| ordinary | service/  official | diplomatic | | other |

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| **3. Address in Hungary** | | | | | | | |
| Postal code:  Locality:  Name of public place:  Type of public place (road, street, square etc.): Building number:  Building: Stairway : | District: | Land register ref. (lot) no.: Floor: | | | |  | Door: |
| Legal basis for registration at the address:  I hereby declare that I am the owner of the residential property indicated.  Please find attached the statement of consent of the owner of the residential property or the person, who is the lawful user of the residential property on other grounds. | | | | | | | |
| **4. Personal data of the EEA citizen whom the applicant accompanies or joins** | | | | | | | |
| **surname (as shown in passport):** | | | **forename (as shown in passport):** | | | | |
| **surname at birth:** | | | **forename at birth:** | | | | |
| **mother’s surname and forename at birth:** | | | **sex**: | male | female | | |
| **date of birth:**  **year month day** | | | **place of birth (locality):** | | | | |
| **citizenship:** | | | | | | | |

**Relationship:** Parent

Child

Spouse Domestic partner, Other, namely:

if entered into a registered partnership before the relevant Hungarian authority or the authority of another Member

In the country

where they came from:

was a dependent of an EEA citizen

lived in the same household as an EEA citizen

is personally cared for by an EEA citizen due to serious health issues

Member State of the European Union

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| **5. Additional information** |
| To your knowledge, do you suffer from HIV/AIDS, tuberculosis, hepatitis B, lues, leprosy, typhoid infectious diseases that require medical treatment, or do you carry the pathogens of HIV, hepatitis B, typhoid or paratyphoid in your body?  Yes No  If you suffer from any of the diseases above, are contagious or carry pathogens, do you receive mandatory and regular medical care? Yes No |
| Permanent or habitual place of residence before arriving in Hungary:  Country:  Locality:  Name of public place: |
| When you cease to exercise your right of residence, or your right of residence ceases to exist, which country will you be travelling to?  Country: |
| **I hereby declare that all data and information indicated above are true and correct.**  Date: signature |

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

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| **For completion by the authority** |
| I hereby authorize the issuance/extension of a residence card for the applicant for a period ending on year month day.  Date: ............................................................. ...................................................  (signature, stamp) The number of the document issued:  I have received the residence card.  Date: ........................................... ..........................................  (signature of the applicant)  In case of extension, the document number of the previous residence card: .......................... |

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| **If the application is refused** |
| Number of the resolution of refusal: ...........................................  Date of refusal: year month day  Legal basis for refusal: |
| **If the procedure is terminated** |
| The number of the decision of termination: ……………………………..  Date of decision: year month day  Legal basis of the decision: |