



BEVÁNDORLÁSI ÉS  
ÁLLAMPOLGÁRSÁGI  
HIVATAL



*Application for residence permit for the purpose of medical treatment*

Receiving authority:	Number: □□□□□□□□□□  <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center;">Photograph</div>
Authority performing data entry:	
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border:	
Date of crossing the border:  ..... year..... month ..... day	
Number and validity of visa issued: H □□□□□□□□ ..... year..... month ..... day	<div style="border: 1px solid black; width: 400px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center;">Signature of the applicant (legal representative) The signature must completely be within the frame.</p>
<input type="checkbox"/> Extending residence permit	
Number and validity of former residence permit: H □□□□□□□□ ..... year..... month..... day	

<b>1. Personal data of applicant</b>		
Family name (as in passport):	Given name (as in passport):	
Family name at birth:	Given name at birth:	
Mother's family and given name 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 (city)	Country:
Nationality:	Nationality (it is not obligatory to fill this in):	
Last permanent place of residence prior to entering Hungary:		
Profession*:	Education*: <input type="checkbox"/> elementary <input type="checkbox"/> secondary <input type="checkbox"/> higher	Occupation prior to entering Hungary*:

<b>2. Data of passport</b>	
<b>Passport number:</b>	<b>Date and place of issue:</b> ..... year..... month..... day
<b>Type of passport:</b> <input type="checkbox"/> private passport <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	<b>Valid until:</b> ..... year..... month..... day

<b>3. Intended duration of and reasons for staying in Hungary</b>	
<b>Duration until:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> year <input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> day
<b>Reason:</b>	

<b>4. Accommodation during stay</b>					
<b>Postal code:</b>	<b>City:</b>		<b>Name of (road, street, square etc):</b>		
<b>Type of public domain:</b>	<b>Street number:</b>	<b>Building:</b>	<b>Staircase:</b>	<b>Floor:</b>	<b>Apartment number:</b>
<b>Title of residence:</b> <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> Other, namely::					

<b>5. Name and address of the host health care institution</b>	
<b>name:</b>	
<b>headquarters:</b>	

<b>6. In case of accompanying minor child or family member in need of support, data of the child/family member</b>		
<b>Family name:</b>	<b>Given name:</b>	
<b>Family name at birth:</b>	<b>Given name at birth:</b>	
<b>Date of birth:</b> ..... year..... month..... day	<b>Place of birth (city):</b>	<b>Country:</b>
<b>Nationality:</b>	<b>Family relationship:</b>	

<b>7. Data of means of sustenance in Hungary</b>	
<b>type of regular income:</b>	<b>amount per month:</b>
<b>amount of savings available:</b>	<b>other supplementary income/property that ensures living:</b>

<b>8. Conditions of continued travel or return trip</b>	
<b>Which country do you wish to depart or return to after expiry of the residence permit?</b>	<b>Means of transport for the journey?</b>

<b>Do you hold the necessary</b>	<b>passport?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>visa?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ticket?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>resources to cover the fare?</b> <input type="checkbox"/> Yes, sum:	<input type="checkbox"/> No
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**9. Spouse, child, parent of the applicant residing in Hungary\***

<b>name/relationship:</b>	<b>data and place of birth:</b>	<b>citizenship:</b>	<b>Title of stay in Hungary:</b> <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit
<b>name/relationship:</b>	<b>data and place of birth:</b>	<b>citizenship:</b>	<b>Title of stay in Hungary:</b> <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit
<b>name/relationship:</b>	<b>data and place of birth:</b>	<b>citizenship:</b>	<b>Title of stay in Hungary:</b> <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit

**10. Other data**

**Do you have full health insurance for the duration of stay in Hungary?**

Yes  No

**Have you ever had an application for residence permit rejected?**

Yes  No

**Have you ever been convicted for a crime? If yes, in which country, when, for what kind of crime, and what kind of punishment was imposed on you?**

Yes  No

Have you ever been expelled from Hungary, if yes, when?

Yes  No

..... year..... month..... day

**To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?**

Yes  No

**If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy?**

Yes  No

**I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.**

Date: .....

.....  
Signature

Fee stamps

*For official use only*

**In case of allowing the application**

I allow the applicant to stay in Hungary..... until

□□□□ year□□ month□□ day.

Date: .....

.....

(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date: .....

.....

(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

**In case of rejecting the application.**

Number of decision: .....

Date of decision: □□□□ year□□ month□□ day

Reason for rejection:

**INFORMATION**

The application for residence permit can be submitted in person, not later than 30 days before the expiry of the legal stay, at the local aliens policing authority competent by accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport on submitting the application form. The passport must be valid for more than 3 months after the expiration of the residence authorized.

**Annexes to be enclosed to the application form:**

- **document proving purpose of residence**
  - certificate of the host medical institution on the medical treatment
  - certificate about the family relationship between the applicant and the accompanying relative
- **Document certifying the title of residence (accommodation)**
  - certificate of accommodation in students' hostel
  - if the applicant is the owner of the real estate, the ownership certification
  - lease contract of the flat
  - contract or statement of providing the accommodation by courtesy
- **Document certifying financial resources**
  - bank account statement
  - other documents
- **Document certifying full health insurance for the whole stay in Hungary**

**The aliens policing authority has the right to ask for further documents during the process in order to clarify the circumstances!**

If the applicant applies for the extension of the residence permit, and the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again.

The applicant can ask the aliens policing authority to obtain the certifications on the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward personal data. If the aliens policing authority obtains the necessary data, the applicant has to pay the service fees to the aliens policing.

**INSET „A”**  
**Data of minor children travelling with and entered into the passport of the applicant**

<b>Receiving authority:</b>	Number: □□□□□□□□
<b>Authority performing data entry:</b>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">Photograph</p> </div>
<input type="checkbox"/> <b>Issuing residence permit for the first time</b>	
<b>Place of crossing the border:</b>	<div style="border: 1px solid black; width: 400px; height: 60px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">Signature of the applicant (legal representative) The signature must completely be within the frame.</p> </div>
<b>Date of crossing the border:</b>  ..... year..... month ..... day	
<b>Number and validity of visa issued:</b> <b>H</b> □□□□□□□□ ..... year..... month ..... day	
<input type="checkbox"/> <b>Extending residence permit</b>	
<b>Number and validity of former residence permit:</b> <b>H</b> □□□□□□□□ ..... year..... month..... day	

<b>1. Personal data of the minor</b>			
<b>Family name (as in passport):</b>		<b>Given name (as in passport):</b>	
<b>Family name at birth:</b>		<b>Given name at birth:</b>	
<b>Mother' family and given name at birth:</b>		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b>
<b>Date of birth:</b> ..... year..... month..... day	<b>Place of birth (city):</b>	<b>Country:</b>	

<b>2. The minor's accommodation during stay</b>					
<b>Postal code:</b>	<b>City:</b>		<b>Name of (road, street, square etc):</b>		
<b>Type of public domain:</b>	<b>Street number:</b>	<b>Building:</b>	<b>Staircase:</b>	<b>Floor:</b>	<b>Apartment number:</b>
<b>Title of residence:</b> <input type="checkbox"/> owner <input type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely:					

**3. Other data**

To the best of your knowledge, does the minor suffers from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or he/she is a carrier of HIV, hepatitis B, typhoid or paratyphoid?

Yes  No

If the minor suffers from any of the above diseases, or is he/she contagious with or a carrier of them, does he/she take part in obliged and permanent therapy?

Yes  No

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**In case of allowing the application**

I allow the applicant to stay in Hungary..... until

□□□□ year□□ month□□ day.

Date: .....

.....

(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date: .....

.....

(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

**In case of rejecting the application.**

Number of decision: .....

Date of decision: □□□□ year□□ month□□ day

Reason for rejection: