*Annex no. 2 to Minister of Interior Decree no.…/2024 (of … …)*

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| **National Directorate-General for Aliens Policing****Országos Idegenrendészeti Főigazgatóság** |
| **DATA SHEET****for the issuance/extension of a residence card and for the registration of the applicant’s first place of residence** |
| ***For completion by the authority!*** | **Area designated for the placement of a facial photograph** |
| The authority receiving the application: ………………………Date of submission of the application: |
| **20**….. **year** ……… **month** ……… **day** |
|  |
|  |
|  | [Handwritten signature specimen of the applicant (or legal representative)]Signature must be inside the box in its entirety! |
|  |
| **Please complete the form legibly, In LATIN block letters.** |
| **Purpose of the data sheet:** 🞏 issuance of a document🞏 extension of the date of expiry of the a document |
| **In case of extension, the document number and the date of expiry of the previous residence card:**………………………………., 20….. year ……… month ……… day |
| **Delivery of the document:** 🞏 The applicant requests delivery of the document **by way of post**. 🞏 The applicant will collect the document **at the issuing authority**.  | **Telephone number:** ……………………… |
| **Email address:** ……………………… |
| **1. Personal data of the applicant** |
| surname (as shown in the passport): ……………………………………………… | forename (as shown in the passport): ……………………………………………… |
| surname at birth:……………………………………………… | forename at birth: ……………………………………………… |
| mother’s surname at birth:……………………………………………… | mother’s forename at birth:……………………………………………… |
| date of birth:……… year ……… month ……… day | country and place (locality) of birth:…………………………… …………………………… |
| citizenship: ……………………………… |
| sex: 🞏 male 🞏 female | marital status: 🞏 unmarried 🞏 married  🞏 widow(er) 🞏 divorced |
| **2. Particulars of the applicant’s passport** |
| Passport number: ……………………………………………… |
| Passport type:🞏 Ordinary passport 🞏 Service/Official passport 🞏 Diplomatic passport 🞏 Other: …………………………… |
| Place and date of issuance of the document:Country: ……………………………….… Locality: …………………………………Date of issue: ………... year ……………….. month …………... day |
| Date of expiry of the document: ………. year …………… month ………. day |
| **3. Place of residence in Hungary** |
| Postal code: …………. | Locality: ……………………… | District: …….. | Name of the public place: ………….………… |
| Type of the public place (i.e. street, road, square, etc.): ………………………….. | Street number/Parcel identification/land register reference number (topographical LOT no.): ………..………….………… |
| Building: ……………….. | Stairway: ………………………. | Floor: ……………………. | Door: ……………. |
| **The legal basis for registering the dwelling as my residential address:** |
| 🞏 I declare that I have ownership rights over the dwelling indicated.🞏 I attach/enclose a declaration of consent from the owner of the dwelling indicated or from the person entitled to use the dwelling by another legal title. |
| **4. Personal data of the EEA citizen whom the applicant accompanies or joins** |
| surname (as shown in the passport): ……………………………………………… | forename (as shown in the passport): ……………………………………………… |
| surname at birth:……………………………………………… | forename at birth: ……………………………………………… |
| mother’s surname at birth:……………………………………………… | mother’s forename at birth:……………………………………………… |
| date of birth:……… year ……… month ……… day | country and place (locality) of birth:…………………………… …………………………… |
| citizenship:……………………………… | sex: 🞏 male 🞏 female |
| Degree of relationship: 🞏 parent 🞏 child🞏 spouse 🞏 domestic partner (if entered into a registered partnership before the relevant Hungarian authority or the authority of another Member State of the European Union) 🞏 Other: ⭘ In the country where they came from, the applicant was a dependent of the EEA national. ⭘ In the country where they came from, the applicant lived in the same household as the EEA national. ⭘ The applicant is taken care personally by the EEA national due to serious health issues of the applicant. |
| **4. Additional information** |
| To your knowledge, do you have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in your body?🞏 Yes 🞏 NoIf you suffer from any of the diseases specified above, or if you are contagious or a carrier of infectious disease pathogens, do you receive compulsory and regular medical treatment with regard to the said diseases?🞏 Yes 🞏 No |
| Permanent or habitual place of residence before arriving in Hungary::Country: ………………………… Locality: …………………… Name of the public place: …………………… |
| When you no longer wish to exercise your right of residence or after the cessation of your right of residence, which country will you travel onwards to?Country: ……………………………  |
| **I hereby declare that all data and information indicated above are true and correct.**  |
| Date: …………………………………  | Signature: ………………………………..  |
| Transaction number of payment if made by an electronic payment instrument or by a bank deposit: ………………………………..  |
| ***For completion by the authority.*** |
| I hereby approve the issuance/extension of a residence card for the applicant which is valid until the date of expiry of …….. year …….. month …….day. |
| Date: …………………………………  | Signature: ………………………………..  |
| The number of the document issued and handed over:…………………………………  |
| I have received the residence card. |
| Date: …………………………………  | Signature of the applicant: ……………………..  |
| (In case of extension,) the document number of the previous residence card: …………………………………  |
| **If the application is refused** |
| Number of the resolution on refusal: …………………………………  |
| Date of the refusal: …………………………………  | Legal basis of the refusal: …………………………..  |
| **If the procedure is terminated** |
| The number of the decision of termination: …………………………………  |
| Date of the decision: …………………………………  | Legal basis of the decision: ……………………..  |