*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 🞏 No  If 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: …………………….. | | | |