



**BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL**



*Residence Permit for the Purpose of Family Reunification
(Family Permit)*

<p>Authority receiving the application:</p>	<p>File Number: _ _ _ _ _ _ _ _ _ _ </p>
<p><input type="checkbox"/> Residence permit issued for the first time</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"> <p align="center">Photo</p> </div>
<p>Place of Entry:</p> <p>_____</p>	
<p>Date of Entry:</p> <p align="center">..... Year Month Day</p>	
<p>Number and Expiration Date of Residence Visa:</p> <p>_____ Year Month Day</p>	
<p><input type="checkbox"/> Renewal of residence permit</p>	
<p>Number and Expiration Date of Residence Permit:</p> <p>_____ Year Month Day</p>	<div style="border: 1px solid black; width: 400px; height: 50px; margin: 0 auto;"> <p align="center">[Signature Specimen of Applicant (Legal Representative)]</p> <p align="center">Please make sure your signature fits in the box.</p> </div>
<p>Place of Receipt of Document:</p> <p><input type="checkbox"/> Applicant will receive the document at the issuing authority. Phone: _____</p> <p><input type="checkbox"/> Applicant will receive the document by postal mail. E-mail: _____</p> <p>Place of Receipt of Document (in case the application is submitted through a strategic employer):</p> <p><input type="checkbox"/> Applicant will receive the document at the issuing authority in Hungary.</p> <p><input type="checkbox"/> Applicant will receive the document by postal mail.</p> <p><input type="checkbox"/> Applicant residing outside Hungary will receive the visa entitling him/her to the receipt of residence permit at a given Hungarian Representation (i.e. embassy, consulate, etc.). If yes, please specify Representation: <p align="center">(Country, City)</p> </p>	

1. Applicant's Personal Data	
Family Name (as per passport):	Given Name(s) (as per passport):
Family Name at Birth:	Given Name(s) at Birth:

Mother's Family and Given Name(s) at Birth:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> married <input type="checkbox"/> divorced
Date of Birth: Year Month Day	Place of Birth (City/ Town):		Country:	
Citizenship:			Nationality (optional):	
Last permanent residence abroad:				

2. Applicant's Passport Data					
Passport Number:		Place and Date of Issue:	Year	Month	Day
Type of Passport: <input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other		Date of Expiration:	Year	Month	Day

3. Planned Duration and Purpose of Residence					
What is the purpose of requesting residence permit? How long do you wish the residence permit to be issued for?					
			Year	Month	Day

4. Data of Applicant's Residence in Hungary					
ZIP code:	City/Town:			Name of Public Premises:	
Type of Public Premises:	House Number:	Building:	Staircase:	Floor:	Door:
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):					

5. Family Member hosting the Applicant					
Family Name:			Given Name(s):		
Family Name at Birth:			Given Name(s) at Birth:		
Date of Birth: Year Month Day	Place of Birth (City/ Town):		Country:		
Citizenship:			Relationship: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> spouse of parent <input type="checkbox"/> ward <input type="checkbox"/> child or distant relative, or his/her <input type="checkbox"/> spouse <input type="checkbox"/> other:		
Legal Title to Residence (if NOT Hungarian citizen) <input type="checkbox"/> residence visa <input type="checkbox"/> residence permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> immigration permit			Number of ID or Residence Permit:		

<input type="checkbox"/> permanent settlement permit	<input type="checkbox"/> temporary settlement permit	<input type="checkbox"/> national permanent settlement permit	<input type="checkbox"/> EC permanent residence permit	<input type="checkbox"/> national	
<input type="checkbox"/> permanent settlement permit	<input type="checkbox"/> EC permanent residence permit	<input type="checkbox"/> refugee status			

6. Data related to Cost of Living in Hungary		
Who covers the cost of living in Hungary? <input type="checkbox"/> Family Member <input type="checkbox"/> Applicant	Savings available for Family Member:	Savings available for Applicant:
Employer of Family Member (Name, Seat):		Gross Monthly Income of Family Member:
Employer of Applicant (Name, Seat):		Gross Monthly Income of Applicant:

7. Conditions of Return or Onward Travel				
Which country do you intend to return to or travel onward to after the expiration of your legal residence?			What means of transport do you intend to use?	
Do you have the necessary	passport?	visa?	ticket?	financial means?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, the amount is: <input type="checkbox"/> No

8. Applicant's Spouse, Child, Parent residing in Hungary				
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
Number of Residence Document:				
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
Number of Residence Document:				
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card <input type="checkbox"/> family member residing abroad
Number of Residence Document:				

9. Do you intend to establish a legal relationship for employment during your stay in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please fill out INSET "A" required for joint authorization procedure.

10. Other Data

Are you covered by full health insurance for the duration of your stay in Hungary?

Yes No

Has your application for residence permit ever been refused?

Yes No

Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed?

Yes No

(country, date, crime, penalty):

Have you ever been expelled from Hungary? If yes, please specify the date.

Yes No

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes No

If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?

Yes No

Permanent or Habitual Residence (prior to arrival in Hungary):

Country:

City/ Town:

Name of Public Premises:

Which country do you intend to return to or travel onward to after the expiration of your legal residence?

Type and Number of Travel Document (used for inward travel):

Do you hold a document entitling you to legal residence in another Schengen Member State? Yes No

Number and Expiration Date of Residence Permit: _____

I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.

Date:

.....

Signature of Applicant

Stamp Duty:

**DO NOT WRITE IN THIS SPACE.
THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.**

In case the application is approved

I herewith certify that the Applicant's residence in Hungary with the purpose of family reunification has been approved until Year Month Day.

Date:
(Signature of Officer, Seal)

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:
(Signature of Applicant)

In case of extension, the number of the residence permit revoked:

In case the application is denied

Number of Denial Decision:

Date of Denial: _____ Year _____ Month ____ Day

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: _____ Year _____ Month ____ Day

Reasons for Termination (in brief):

INFORMATION

The application for residence permit is to be submitted personally together with the supporting documents proving compliance with criteria of residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid at the time of expiration of the entitlement to legal residence.

Documents to be enclosed to the application form:

document certifying family relationship

- birth certificate
- marriage certificate
- adoption certificate (if adopted)
- other relevant document certifying family relationship

If you intend to establish a legal relationship for employment

- preliminary agreement on the establishment of employment relationship, or certificate of employment relationship
- notarized copy and translation of documents certifying TCN's qualifications, education, knowledge of language, professional experience and other relevant skills necessary to fill the position

- documents justifying the applicability of the marked preferential cases included in INSET “A”
- **document certifying the legal title to residence**
 - notarized copy of title deed not older than 30 days
 - rental contract
 - document certifying courtesy use of flat
 - filled out address/ accommodation registration form signed by the property owner
 - other relevant document
- **document certifying financial background**
 - maintenance certificate signed by host Family Member
 - previous year’s income certificate issued by taxing authority (NAV)
 - income certificate issued by Employer
 - other relevant document
- **document certifying full health insurance**

When requesting the renewal of residence permit, if the conditions that served as the basis for issuing the residence permit still apply, and the Applicant can further prove compliance with criteria for residence, documents certifying these circumstances do not need to be enclosed again.

The Applicant can request the acting aliens policing authority to obtain the certificate related to the data indicated by the Applicant from another competent authority. This part of the application is considered as an approval to use of Applicant’s personal data. If the aliens policing authority obtains the requested data, the applicant must bear and pay all related service fees to the aliens policing authority.

The recipient of the residence permit issued on the grounds of ensuring the unity of the family/family reunification is obliged to report the dissolution of his/her marriage, or the death of his/her spouse and enclose all necessary supporting documentation within 30 days from the receipt of the official notification on the final decision on the dissolution of marriage, or the date the death certificate is issued at the nearest competent regional directorate.

Should the Applicant establish family relationship exclusively for the sake of obtaining a family residence permit, the residence permit must not be issued or renewed – unless the law provides otherwise – and the already issued residence permit must be withdrawn.

INSET "A"

FOR CONDUCTING JOINT AUTHORIZATION PROCEDURE

1. Employer's Data					
Name:					
Address of Head Office					
ZIP code:	City/ Town:			Name of Public Premises:	
Type of Public Premises (road, street, etc.):	House Number:	Building:	Staircase:	Floor:	Door:
VAT Identification Number / Tax Identification Number of Employer:		Statistical Code Number:		NACE Code:	

2. Qualification(s) necessary to fill the position: 	3. Education: <input type="checkbox"/> primary school <input type="checkbox"/> trade school <input type="checkbox"/> vocational school <input type="checkbox"/> high school <input type="checkbox"/> secondary school <input type="checkbox"/> technical school <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> less than 8 grades	4. Occupation prior to arrival in Hungary:
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5. Place of Employment: 5.1. Is there only ONE place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ (ZIP code) Address: _____	5.2. Due to the nature of work does the place of employment cover more counties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, initial place of employment: _____ (ZIP code) Address: _____	5.3. Are you going to be deployed in more premises affiliated with Employer located in different counties? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Date of Preliminary Agreement concluded with Employer: <div style="display: flex; justify-content: space-around;"> Year Month Day </div>	7. Position (ISCO Code):
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8. Skills and knowledge necessary to fill the position <u>Years of professional experience</u> relevant to position: <u>Special knowledge, skills and abilities</u> relevant to position: Knowledge of Language(s) Native Language(s): Other Language(s): Do you speak Hungarian? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been deployed in Hungary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date of previous joint permit: Previous Employer in Hungary Name: Address:
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9. Does any of the preferential cases below apply in the case of the third country national Applicant? Yes No

The Applicant...

- is employed within the framework of a postdoctoral employment grant, or on the basis of Bolyai János Research Grant is employed within the framework set forth in grant application;
- is a natural person specified in the internal rules of a certified or registered church who is in the service of the certified or registered church and performs church services in the framework of a special church service relationship, an employment relationship or any other legal relationship (church personnel);
- is involved in research activity which is – according to the certificate issued by the Hungarian Academy of Sciences – realized under the auspices of an international treaty (agreement) concluded between Hungary and another country;
- is involved in research activity in Hungary within the framework of a hosting agreement concluded with an accredited research institution on the basis of Government Decree on the accreditation procedure and hosting agreements of research institutions hosting third country national researchers;
- is a sports professional who is paid to compete in a chosen sport;
- is a professional coach who prepares for sporting activities;
- is a close relative of a member of the armed forces and civil staff from a NATO-SOFA member state serving in the territory of Hungary and specified by Chapter I Section 1 Subsections a) and b) of NATO-SOFA Agreement;
- is the family member of the sponsor specified in Section 19 of the Act on the Admission and Right of Residence of Third Country Nationals, and holding a valid residence permit issued at least one year prior to the submission of residence permit application under joint application procedure with the purpose of ensuring the unity of the family, and legally resides in the territory of Hungary, and the employment of the sponsor is exempt from authorization;
- is the family member of a person granted refugee status or subsidiary protection, or the parent or – in the absence of the parent – the guardian of an unaccompanied minor granted refugee status, and holds a valid residence permit issued prior to the submission of residence permit application under joint application procedure with the purpose of ensuring the unity of the family; or
- comes from a country bordering Hungary and is employed in sectors determined in the communiqué of the Ministry for National Economy also including employment on a temporary basis

10. Does any of the below cases apply in the case of the third country national Applicant? Yes No

The Applicant...

- is the head of branch office and representation of a company headquartered abroad as set forth in international treaties;
- is a person delegated by member states of treaties establishing an international organization or a joint body/organ not regarded as international organization, who wishes to work at the international organization or joint body/ organ, and the close relative of the person delegated on the basis of reciprocity among member states;
- is involved in educational/ teaching activity in a primary, secondary or higher educational institution certified by the Minister in charge of education within the framework of an international educational program signed by Ministers in charge of education of affected countries;
- in the case of participation in Comenius, Erasmus, Leonardo da Vinci, and Grundtvig programs, is employed within the framework of an internship,
- is regarded as key staff,
- in the case of a foreign majority owned company his/her work done (per calendar quarters) belongs to the staff number not exceeding the 5% of staff number on the last day of the preceding calendar quarter,
- with the exception of cases specified in Act CCIV of 2011 on National Higher Education §104 Section (7) Subsection (b) ba), is an internationally recognized third country national professional invited by higher education, research, cultural and art institutions with an intended employment (education, research and art related work) exceeding the period of ten workdays (in case the duration of employment exceeds 90 days),
- has been granted refugee status, subsidiary or temporary protection, and is the spouse of a person with immigrant or resident status, with whom s/he has been cohabiting in Hungary for at least one year,
- has been granted refugee status, subsidiary or temporary protection, and is a person with immigrant or resident status, or his/her widow/widower, with whom s/he was cohabiting in Hungary for at least one year prior to the death of the deceased spouse,
- is a third country national who is intended to be employed by an international organization, diplomatic or consular representation, or other organ of another country, or its staff, and does not belong to the official personnel of the previous bodies, and does not qualify as a delegate of the sending country,
- is a third country national who is intended to be employed by a film production company registered by the motion picture production authority in accordance with the Act on Motion Picture,
- is the family member of a third country national holding EU Blue Card – falling under the scope of regulations related to family cohabitation.

INSET "B"

Data of Minor Child Accompanying and Entered into the Passport of Applicant

Authority receiving the application:	File Number: _ _ _ _ _ _ _ _ _ _
<input type="checkbox"/> Residence permit issued for the first time	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto 20px auto;">Photo</div> <div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">[Signature Specimen of Applicant (Legal Representative)]</p> <p style="text-align: center; margin: 0;">Please make sure your signature fits in the box.</p> </div>
Place of Entry: _____	
Date of Entry: Year Month Day	
Number and Expiry Date of Residence Visa _____ Year Month Day	
<input type="checkbox"/> Renewal of residence permit	
Number and Expiration Date of Residence Permit: _____ Year Month Day	

1. Personal Data of Minor Child			
Family Name (as per passport):		Given Name(s) (as per passport):	
Family Name at Birth:		Given Name(s) at Birth:	
Mother's Family and Given Name(s) at Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:
Date of Birth: Year Month Day	Place of Birth (City/ Town):	Country:	

2. Data of Minor Child's Residence in Hungary					
ZIP Code:	City/Town:			Name of Public Premises:	
Type of Public Premises: _	House Number:	Building:	Staircase:	Floor:	Door:
Legal Title to Residence: <input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other, please specify:					

3. Other Data

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) the child has? Does the child carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes No

If the child is suffering from any of the above specified contagious diseases or medical conditions, does s/he receive an obligatory and regular medical treatment?

Yes No

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In case the application is approved

I herewith certify that the Applicant's residence in Hungary with the purpose of family reunification has been approved until Year Month Day.

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In case the application procedure is terminated

Number of Termination Decision:.....

Date of Decision: ____ Year ____ Month ____ Day

Reasons for Termination (in brief):