



**ORSZÁGOS  
IDEGENRENDESZETI  
FŐIGAZGATÓSÁG**



**APPENDIX "A"**  
**Particulars of the applicant's minor child travelling with the applicant,  
shown in his/her passport**

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| <i>For completion by the authority.</i><br><b>Authority receiving the application:</b>   | Automated case No.:  _ _ _ _ _ _ _ _ _ _  |
| <b>Time of acceptance of the application:</b><br><br>_____ year _____ month _____ day  | <div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center;">Facial photograph</div> <div style="border: 1px solid black; width: 400px; height: 60px; margin: 20px auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of applicant<br/>(legal representative)]<br/>Signature must be inside the box in its entirety.</p> |
| <input type="checkbox"/> <b>First residence permit</b><br><br><b>entry border crossing point:</b> _____<br>(to be completed if application is made in Hungary) |   |
| <b>date of entry:</b> _____ year _____ month _____ day<br>(to be completed if application is made in Hungary)  |   |
| <input type="checkbox"/> <b>Extension of residence permit</b><br><b>Residence permit number and validity:</b><br><br>_____ year _____ month _____ day          |   |

|   |                            |  |
|---|----------------------------|--|
| <b>1. Personal data of minor child</b>                        |                            |  |
| <b>surname (as shown in passport):</b>                        |                            | <b>forename (as shown in passport):</b>                                  |
| surname by birth:   |                            | forename by birth:   |
| mother's surname and forename at birth:                       |                            | sex:<br><input type="checkbox"/> male<br><input type="checkbox"/> female |
|   |                            | <b>citizenship:</b>  |
| <b>date of birth:</b><br><br>_____ year _____ month _____ day | place of birth (locality): | country:   |

|  |                  |           |        |                       |       |
|--|------------------|-----------|--------|-----------------------|-------|
| <b>2. Details of the minor child's place of accommodation in Hungary</b>   |                  |           |        |                       |       |
| postal code:   | locality:        |           |        | name of public place: |       |
| type of public place:  | building number: | building: | block: | floor:                | door: |
| <b>legal title of residence in the place of accommodation:</b><br><input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> complementary accommodation <input type="checkbox"/> other, specifically: |                  |           |        |                       |       |

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| <b>3. Miscellaneous information:</b>   |
| <p><b>To your knowledge, does your child have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?</b><br/> <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><b>If the child suffers from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?</b><br/> <input type="checkbox"/> yes <input type="checkbox"/> no</p> |

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| <p><i>For completion by the authority</i></p> <p><b>If the application is approved</b></p>   |
| <p>The applicant's stay in Hungary for the purpose of family reunification is hereby authorized until ____ year ____ month ____ day.</p> <p>Date: .....</p> <p style="text-align: right;">.....<br/>(signature, stamp)</p> <p>Number of residence permit issued: _____</p> <p>I have received the residence permit.</p> <p>Date: .....</p> <p style="text-align: right;">.....<br/>(signature of applicant)</p> <p>In the case of renewal, number of residence permit withdrawn: _____</p> |

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| <b>If the application is refused</b>   |
| <p>Number of the resolution on refusal:</p> <p>Date of refusal: ____ year ____ month ____ day</p> <p>Legal basis for refusal:</p>    |
| <b>If the proceeding is terminated</b>   |
| <p>Number of decision on termination:</p> <p>Date of decision: ____ year ____ month ____ day</p> <p>Legal basis of the decision:</p> |