

***DATA SHEET FOR THE ISSUANCE OF REGISTRATION CERTIFICATE AND FOR THE REGISTRATION OF RESIDENCE***

|  |  |
| --- | --- |
|  Date of application for the issuance of the document: |  File number: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
| Year Year Year Month Year Day  |   |
| **Legal grounds for issuing the document:** |   |
| income-generating activitystudies |  |   |   |
| family memberother |  |  |  |
|  |  |  |  |
|  |   |  [Specimen signature of the applicant (legal representative)] |   |
|  |   | Please ensure your signature fits within the box. |   |
| **I. Data concerning the holder of the right of residence** |
|   |  Beneficiary's name: |   |
|  1. Family name: |  Click here |
|  2. Given name(s): |  Click here |
|   |  Previous name or name at birth: |   |
|  3. Family name: |  Click here |
|  4. Given name(s): |  Click here |
|   |  Mother's name at birth: |   |
|  5. Family name: |  Click here |
|  6. Given name(s): |  Click here |
|   |  Place of birth |   |
|  7. Country: |  Click here |
|  8. City/Town: |  Click here |
|  9. Date of birth: |  Year Year Year Month Year Day |
|  10. Sex: |  Male:  |  Female:  |
|  11. Citizenship: |  Click here |
|  12. Family status: |   Single |   Married | Widow(er) |
|   |   Divorced |   |   |
|  **II. Data of travel document or personal ID card** |
|  21. Please specify the type of the document:  |  travel document personal ID card |
|  22. Number of document: |  Click here |
|  23. Type of travel document: |   Private |   Official |   Diplomatic |
|   |  Other, please specify Click here |
|  |  Place of issue of the document |   |
|  24. Country: |  Click here |
|  25. City/Town: |  Click here |
|  26. Date of issue: |  Year Year Year Month Year Day |
|  27. Date of expiry: |  Year Year Year Month Year Day |
|  **III. Residence in Hungary** |
|  31. ZIP code: |  Click here |
|  32. City/Town: |  Click here District Click here |
|  33. Name of public space: |  Click here |
|  34. Type of public space (road, street, square etc.): |  Click here |
|  35. Number / Title Number |  Click here |
|  Building: Click here |  Staircase: Click here |  Floor: Click here |  Door: Click here |
|  36. Legal grounds for residence registration I represent that I own the flat concerned. I have attached the written consent of the flat's owner or the person otherwise entitled to use the flat. |
|  **IV. Other data** |
|  41. Are you covered by health insurance for the period of your stay in Hungary? |
| Yes No, I will cover the costs of any health care service used.  |
|  42. To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, syphilis, leprosy, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid? |
|  Yes  |  No  |
|  43. If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you receive compulsory and regular medical treatment? |
|  Yes  |  No  |
| 44. Permanent or habitual residence prior to arrival to Hungary: Country: Click here City/Town: Click here Name of public space: Click here |
| 45. Where do you plan to travel onward, if you waive your right of residence or your right of residence expires?Country: Click here |
|  **I confirm that the above information is true and correct.**  |
|  Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature |
|  **For official use only!** |   |
|  I authorise the issuance of the registration certificate for the applicant. |
|  Dated: ............................................................. |  ...................................................(Signature, seal) |
|  Number of document issued: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  I have received the registration certificate. |   |
|  Dated: ........................................... |  ..........................................(Applicant's signature) |
|  Duty stamp: |