

SAMPLE




BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Application for residence permit for the purpose of studies

Please stick

Receiving authority:	Number: 0000000000  Signature of the applicant (legal representative) Qin Shi Huang The signature must completely be within the frame.
Authority performing data entry:	
<input type="checkbox"/> Issuing residence permit for the first time	
Place of crossing the border: BUDAPEST	
Date of crossing the border: 2016 year AUG month 15 day	
Number and validity of visa issued: H 00000000 year..... month day	
<input type="checkbox"/> Extending residence permit	
Number and validity of former residence permit: H 00000000 year..... month..... day	

1 PHOTO here, and bring one extra with you.

I. Personal data of applicant		
Family name (as in passport): QIN	Given name (as in passport): SHI HUANG	
Family name at birth:	Given name at birth:	
Mother's family and given name at birth: ZHAO Ji	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Widow <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced
Date of birth: 26056 FEB 7 year..... month..... day	Place of birth (city): ZHAO	Country: CHINA
Citizenship: CHINESE	Nationality (it is not obligatory to fill this in):	
Last permanent place of residence prior to entering Hungary: XIANYANG, EMPEROR ROAD 1.		
Profession: EMPEROR	Education: <input type="checkbox"/> elementary <input type="checkbox"/> secondary <input checked="" type="checkbox"/> higher	Occupation prior to entering Hungary: EMPEROR

QIN Shi Huang was Chinese, but IF you holds TAIWANESE PASSPORT, WRITE TAIWAN.

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2. Data of passport	
Passport number: 324512031A	Date and place of issue: 200 year 01 month 01 day
Type of passport: <input checked="" type="checkbox"/> private passport <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Valid until: 190 year 01 month 01 day

3. Intended duration of and reasons for staying in Hungary	
Duration until: 2017 AUG. 1.	□□□□ year □□ month □□ day
Reason: STUDY AT BUDAPEST WALL BUILDER UNIVERSITY	

4. Accommodation during stay						
Postal code: 1039	City: BUDAPEST		Name of public domain (road, street, square etc): CJA'JCA'R			
Type of public domain: STREET	Street number: 12.	Building:	Staircase:	Floor: 3	Apartment number: A	
Title of residence: <input type="checkbox"/> owner <input checked="" type="checkbox"/> sub/tenant <input type="checkbox"/> family member <input type="checkbox"/> property user by courtesy of owner <input type="checkbox"/> other, namely: RENT						

5. Data of the educational organisation	
Name: BUDAPEST WALL BUILDER UNIVERSITY	Type of education: <input type="checkbox"/> secondary education <input type="checkbox"/> undergraduate education <input checked="" type="checkbox"/> graduate education <input type="checkbox"/> other
Headquarters: BP. FALÉPITE" UTCA 12.	

6. Data concerning the source of income	
Monthly amount of scholarship: 1000 EUR	Amount of savings available: 1000 0000 EUR
Other supplementary income/property that ensures living: OWNER OF PALACE	

7. Conditions of continued travel or return trip					
Which country do you wish to depart or return to after expiry of the residence permit? TAIWAN				Means of transport for the journey? AIR PLANE	
Do you hold the necessary	passport?	visa?	ticket?	resources to cover the fare?	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, sum: 1000000 EUR	<input type="checkbox"/> No

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8. Spouse, child, parent of the applicant residing in Hungary			
Name/relationship:	Date and place of birth:	Citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit
Name/relationship:	Date and place of birth:	Citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit
Name/relationship:	Date and place of birth:	Citizenship:	Title of stay in Hungary: <input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC settlement permit <input type="checkbox"/> other <input type="checkbox"/> residence visa <input type="checkbox"/> permanent residence permit <input type="checkbox"/> national settlement permit <input type="checkbox"/> immigration permit

9. Other data

Do you have full health insurance for the duration of stay in Hungary?
 Yes No

Have you ever had an application for residence permit rejected?
 Yes No

Have you ever been convicted for a crime? If yes, in which country, when, for what kind of crime, and what kind of punishment was imposed on you?
 Yes No

Have you ever been expelled from Hungary, if yes, when?
 Yes No

..... year..... month..... day

To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?
 Yes No

If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy?
 Yes No

I confirm that the above information is true and valid. I accept the fact that giving false information may lead to rejection of my application.

Date: 2016. 07. 07.


 Signature

Fee stamps

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For official use only

In case of allowing the application

I allow the applicant to stay in Hungary for the purpose of..... until
□□□□ year□□ month□□ day.

Date:
.....
(Signature, seal)

Number of issued residence permit: □□□□□□□□

I have received the residence permit.

Date:
.....
(Signature)

In case of renewal the number of the revoked residence permit: □□□□□□□□

In case of rejecting the application

Number of decision:

Date of decision: □□□□ year□□ month□□ day

Reason for rejection:

INFORMATION

The application for residence permit can be submitted in person, not later than 30 days before the expiry of the legal stay, at the local aliens policing authority competent by accommodation. One passport-size photograph has to be affixed to the application form. The applicant must present his/her valid passport on submitting the application form. The passport must be valid for more than 3 months after the expiration of the residence authorized.

Annexes to be enclosed to the application form:

- **Document proving purpose of residence**
 - certificate of admission from the educational institute
 - certificate of enrolment from the educational institute
- **Document certifying the title of residence (accommodation)**
 - certificate of accommodation in students' hostel
 - if the applicant is the owner of the real estate, the ownership certification
 - lease contract of the flat
 - contract or statement of providing the accommodation by courtesy
 - other documents
- **Document certifying financial resources**
 - certificate of scholarship
 - bank account statement
 - other documents
- **Document certifying full health insurance for the whole stay in Hungary**

The aliens policing authority has the right to ask for further documents during the process in order to clarify the circumstances.

If the applicant applies for the extension of the residence permit, and the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again.

The applicant can ask the aliens policing authority to obtain the certifications on the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward personal data. If the aliens policing authority obtains the necessary data, the applicant has to pay the service fees.