

Application for visa authorizing stay longer than 3 months

<p>For official use only Receiving authority (code and name): _____ _____ _____</p> <p>Date of application receipt: _____ year __ month __ day</p> <p>Submitted insets: „A”: __ pcs</p>	Number: _____ <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;"> Photograph </div> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 10px auto;"></div>
<p>For official use only Authority of data entry (code and name): _____ _____ _____</p> <p>Date of data entry: _____ year __ month __ day</p>	

Please fill in legibly, using capital letters or typewriter, and Roman characters!

/signature of the applicant (legal representative)/
 The signature must completely be within the frame!!

I. Personal data of the applicant	
	Name of applicant
1. Family name:	_____
2. Given name(s)	_____
Former or maiden name	
3. Family name:	_____
4. Given name(s)	_____
Mother' birth name	
5. Family name:	_____
6. Given name(s)	_____
Date of birth	
7. Country:	_____
8. City:	_____
9. Date of birth:	_____ year __ month __ day
10. Sex:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
11. Nationality:	_____
II. Place of permanent or temporary residence	
21. Postal code:	_____
22. Country:	_____
23. City:	_____
24. Name of (road, street, square etc.):	_____
25. Street number:	_____
26. Buliding, staircase, floor, apartment number:	_____
III. Data of travel document	
31. Number of passport:	_____

32. Type of passport:	<input type="checkbox"/> Private passport
	<input type="checkbox"/> Service passport
	<input type="checkbox"/> Diplomatic passport
	<input type="checkbox"/> Other, namely: _____
Place of issue	
33. Country:	_____
34. City:	_____
35. Date of issue:	_____ year ___ month ___ day
36. Validity:	_____ year ___ month ___ day
IV. Purpose of entry	
<input type="checkbox"/> Visit	(Please fill in the list of questions under point V.)
<input type="checkbox"/> Official	(Please fill in the list of questions under point VI.)
<input type="checkbox"/> Gainfull activity	(Please fill in the list of questions under point VII.)
<input type="checkbox"/> Seasonal employment	(Please fill in the list of questions under point VII.)
<input type="checkbox"/> Education	(Please fill in the list of questions under point VIII.)
<input type="checkbox"/> Scientific research	(Please fill in the list of questions under point VIII.)
<input type="checkbox"/> Voluntary activities	(Please fill in the list of questions under point VIII.)
<input type="checkbox"/> Medical treatment	(Please fill in the list of questions under point IX.)
<input type="checkbox"/> Family unification	(Please fill in the list of questions under point X.)
<input type="checkbox"/> Other	(Please fill in the list of questions under point XI.)
V. Data if inviting party if your purpose of entry is visit	
Name of natural person inviter:	
51. Family name:	_____
52. Given name(s)	_____
53. Domicile of the inviting person	
Postal code:	_____
City:	_____ District: ___
Name of (road, street, square etc.):	_____
Type of public domain (road,street, square etc.)	_____
Street number:	_____
Buliding: _____ Staircase: _____ Floor: _____ Apartment number: _____	
54. Name of legal person inviter::	

55. Headquarters of the hungarian inviting legal entity (for lack of this, it's Hungarian business address)	
Postal code:	_____
City:	_____ District: ___
Name of (road, street, square etc.):	_____
Type of public domain (road,street, square etc.)	_____
Street number:	_____
Buliding: _____ Staircase: _____ Floor: _____ Apartment number: _____	
56. Type of relationship between the person to be visited and the applicant:	
<input type="checkbox"/> Family member	<input type="checkbox"/> Relatives <input type="checkbox"/> Friendship
<input type="checkbox"/> Other, namely:	_____
Data of your inviter, if the costs of stay is provided by the inviter:	
57. Serial number of letter of invitation: _____	
58. Duration of invitation:	
	from _____ year ___ month ___ day
	to _____ year ___ month ___ day

VI. In case of official stay the data of the inviting organization and type of activity.	
61. Name of host organisation:	_____
62. Host organisation's place of registry:	
Postal code:	_____
City:	_____ District: __
Name of (road, street, square etc.):	_____
Type of public domain (road,street, square etc.)	_____
Street number:	_____
Buliding: _____ Staircase: _____ Floor: __ Apartment number: _____	
63. Type of official activity:	_____
VII. Data of the work permit and the employer if the purpose of stay is gainfull activity or seasonal employment	
71. Type of gainfull activity:	
<input type="checkbox"/> Employment <input type="checkbox"/> Self-employed activity <input type="checkbox"/> Season work <input type="checkbox"/> Other:	
72. Name of employer:	_____
73. Employer's place of registry:	
Postal code:	_____
City:	_____ District: __
Name of (road, street, square etc.):	_____
Type of public domain (road,street, square etc.)	_____
Street number:	_____
Buliding: _____ Staircase: _____ Floor: __ Apartment number: _____	
74. Scope of activity:	_____
75. Monthly salary according to the work contract:	_____ HUF
76. Start of employment:	_____ year __ month __ day
77. End of employment:	_____ year __ month __ day
78. Number of the work permit:	_____
79. Validity of the work permit:	_____ year __ month __ day
80. Issuing authority of the work permit:	_____
VIII. Data of the host institution if the purpose of stay is conducting studies, research or voluntary activities	
81. Place of study, research and voluntary activity:	
<input type="checkbox"/> Elementary education	
<input type="checkbox"/> Secondary school education	
<input type="checkbox"/> Undergraduate education	
<input type="checkbox"/> Graduate education	
<input type="checkbox"/> Academic post-graduate	
<input type="checkbox"/> Other, namely: _____	
82. Name of host institution:	_____

83. Place of host institution:		
Postal code:	_____	
City:	_____	District: __
Name of (road, street, square etc.):	_____	
Type of public domain (road,street, square etc.)	_____	
Street number:	_____	
Buliding: _____	Staircase: _____	Floor: __ Apartment number: _____
84. Do you receive scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
85. If yes, the name of institute granting the scholarship: _____		
86. Place of institute granting the bursary		
Postal code:	_____	
City:	_____	District: __
Name of (road, street, square etc.):	_____	
Type of public domain (road, street, square etc.)	_____	
Street number:	_____	
Buliding: _____	Staircase: _____	Floor: __ Apartment number: _____
87. Amount of money at disposal for the stay in case of self-revenue: _____ HUF		
IX. Data of the host organisation if the purpose of stay is medical treatment		
91. Name of the host medical organisation: _____		
92. Place of the host medical organization:		
Postal code:	_____	
City:	_____	District: __
Name of (road, street, square etc.):	_____	
Type of public domain (road,street, square etc.)	_____	
Street number:	_____	
Buliding: _____	Staircase: _____	Floor: __ Apartment number: _____
93. Cost of the medical treatment have already been paid for? <input type="checkbox"/> Yes <input type="checkbox"/> No		
94. If not, the amount of money available forcovering the costs of medication: _____ HUF		
X. Data of the host if the purpose of stay is family reunification		
Name of the family member living in Hungary		
101. Family name:	_____	
102. Given name(s)	_____	
Former or maiden name		
103. Family name:	_____	
104. Given name(s)	_____	
Mother' birth name		
105. Family name:	_____	
106. Given name(s)	_____	
Date of birth		
107. Country:	_____	
108. City:	_____	
109. Date of birth:	_____ year	__ month __ day
110. Nationality: _____		
111. Title of residence: <input type="checkbox"/> immigrant <input type="checkbox"/> permanent resident <input type="checkbox"/> Temporarily protected person		
<input type="checkbox"/> Residence permit holder	<input type="checkbox"/> Residence visa holder	<input type="checkbox"/> recognized refugee

112. Family relation:	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Spouse
113. Place:			
Postal code:	_____		
City:	_____	District: __	
Name of (road, street, square etc.):	_____		
Type of public domain (road,street, square etc.)	_____		
Street number:	_____		
Buliding: _____	Staircase: _____	Floor: __	Apartment number: _____
XI. Stay for other purpose			
Purpose of stay:			
XII. Date of entry and duration of stay in Hungary			
124. Expected date of arrival in Hungary:	_____ year	__ month	__ day
125. Planned duration of stay in Hungary:	_____ day		
126. How many times do you wish to enter Hungary with the visa?:	<input type="checkbox"/> once	<input type="checkbox"/> more times	
XIII. Data of previous stays in Hungary			
131. Have you stayed in Hungary for more than 3 month before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
132. If you have start of stay:	_____ year	__ month	__ day
133. End of stay:	_____ year	__ month	__ day
134. Serial number of issued visa:	- _____		
XIV. Place of residence in Hungary			
Postal code:	_____		
City:	_____	District: __	
Name of (road, street, square etc.):	_____		
Type of public domain (road,street, square etc.)	_____		
Street number:	_____		
Buliding: _____	Staircase: _____	Floor: __	Apartment number: _____
XV. Data concecring the journey			
151. Means of transportation to be used for traveling:			
<input type="checkbox"/> Airplane	<input type="checkbox"/> Car	<input type="checkbox"/> Train	<input type="checkbox"/> Bus
<input type="checkbox"/> Ship	<input type="checkbox"/> Other, namely: _____		
152. Serial number of th tickets or in case of air travel and not having purchased the ticket yet, serial number of the reservation:	_____		
153. Ticket valid until:	_____ year	__ month	__ day
154. In case of traveling by car its registration number:	_____		
XVI. Additional data concerning the applicant			
161. Have you been fong guilty of committing a crime?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

162. If so, in which country, when, for what type of crime, what was the punishment imposed?:
.....
.....
.....

163. Have you had any visa application turned down before? Yes No

164. Have you been expelled from Hungary or from any other country before? Yes No

165. If so, when? _____ year _____ month _____ day

166. According to your knowledge do you suffer from any of these diseases: AIDS, TB, leprosy, lues, typhoid, paratyphoid? 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. Furthermore I accept that when crossing the border the competent Hungarian authority may check the fulfillment of the entry conditions-that are known by me- and in case of not fulfilling this conditions it can refused my entry.

Date:

Signature

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In case of allowing the application

Letter and serial number of visa _-_____ Type of visa: _
stamp:

Date of issuing visa: _____ year __ month __ day

Number of entries: _____

Duration of stay stated in the visa: _____ day

Validity of visa: _____ year __ month __ day

Note:



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In case of rejected the application

Number of decision: _____ Date of decision: _____ year __ month __ day

Reason for rejection:

Inset „A”
 Personal dat of children traveling with and entered into the passport of the
 applicant

<p style="margin: 0;"><i>For official use only</i> Serial number of inset: ____</p>

	Name of the child
1. Family name:	_____
2. Given name(s)	_____
	Former name
3. Family name:	_____
4. Given name(s)	_____
	Mother' birth name
5. Family name:	_____
6. Given name(s)	_____
	Date of birth
7. Country:	_____
8. City:	_____
9. Date of birth:	____ year __ month __ day
10. Sex:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
11. Nationality:	_____