



**BEVÁNDORLÁSI ÉS  
MENEKÜLTÜGYI  
HIVATAL**



**DATA SHEET**

**to issue registration certificate for EEA Nationals and to notify the first place of residence**

<i>For completion by the authority.</i> Date of initiation of issuing the certificate: _____ year _____ month ____ day		Automated case No.:  _ _ _ _ _ _ _ _ _ _
<b>The legal basis of issuing the certificate:</b> <input type="checkbox"/> gainful activity <input type="checkbox"/> purpose of study <input type="checkbox"/> family member <input type="checkbox"/> other		<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>[Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.</p>
<b>Applicants phone number:</b>  <b>Applicants email:</b>		
<b>1. Personal data of the applicant</b>		
<b>surname (as shown in passport):</b>		<b>forename (as shown in passport):</b>
surname by birth:		forename by birth:
<b>mother's surname and forename at birth:</b>		<b>sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female
		<b>marital status:</b> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow <input type="checkbox"/> divorced
<b>date of birth:</b> _____ year _____ month _____ day	place of birth (locality):	country:
<b>citizenship:</b>	ethnicity (not mandatory):	
<b>2. Details of the applicant's passport or ID card</b>		
Type of document:	<input type="checkbox"/> passport <input type="checkbox"/> ID card	
Document No.:		
Type of passport:	<input type="checkbox"/> private passport <input type="checkbox"/> service passport <input type="checkbox"/> diplomatic passport <input type="checkbox"/> other, specifically:	

<b>Place and date of issue:</b>			
Country:			
Locality:			
Place of issue:	<b>year</b>	<b>month</b>	<b>day</b>
Validity period:	<b>year</b>	<b>month</b>	<b>day</b>
<b>3. Details of the applicant's place of accommodation in Hungary</b>			
Postal code:			
Locality:		District:	
Name of the public place:			
Type of the public place:			
Building number / Land register reference number:			
Building:	Block:	Floor:	Door:
<b>Legal title of residence in the place of accommodation:</b>			
<input type="checkbox"/> I hereby declare that I am the owner of the property indicated.			
<input type="checkbox"/> Enclosed please find the statement of consent of the owner of the residential property or the landlord being the lawful user of the property on other grounds.			
<b>4. Other data</b>			
<b>Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?</b>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No, I have sufficient financial resources to cover the costs.			
<b>To your knowledge, do you 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>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>If you suffer 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>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Permanent or usual place of residence before arriving to Hungary:</b>			
Country:		Locality:	
Name of public place:			
<b>When you cease to exercise your right of residence, or your right of residence expires, which country will you be travelling to?</b>			
Country:			
<b>I hereby declare that the information in the application is true and correct.</b>			
Date: _____		_____ signature	
Transaction number of payment if made by electronic payment instrument or by bank deposit:			

**For completion by the authority**

I hereby authorize the issuance of the registration certificate for the applicant.

Date: .....  
.....  
(signature, stamp)

Number of the certificate issued: \_\_\_\_\_

I have received the registration certificate.

Date: .....  
.....  
(signature of applicant)