

Образец заполнения анкеты



BEVÁNDORLÁSI ÉS
MENEKÜLTÜGYI
HIVATAL



Application for Residence Permit

<i>For completion by the authority.</i> Authority receiving the application:	Automated case No.:
Date of acceptance of the application: _____ year _____ month _____ day	Facial photographs фотография: не старше 6 мес., цветная на белом фоне (можно не приклеивать)
☐ First residence permit entry border crossing point: date of entry: _____ year _____ month _____ day (to be completed if application is made in Hungary)	
☐ Extension of residence permit Residence permit number: _____ validity: _____ year _____ month _____ day	
подпись (должна находиться внутри рамки) [Handwritten signature specimen of applicant (legal representative)] Signature must be inside the box in its entirety.	

Delivery of document: ☐ Applicant requests delivery of the document by way of post. ☒ Applicant will collect the document at the issuing authority.	Ваши контакты — необходимы E-mail address: natasha.smirnova@mail.ru Phone number: +7 (921) 643 55 79
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1. Personal data of the applicant Обязательно!		
surname (as shown in passport): SMIRNOVA	forename (as shown in passport): NATASHA	
surname by birth: KAZAKOVA	forename by birth: NATASHA	
mother's surname and forename at birth: POPOVA ANNA	sex: ☐ male ☒ female	marital status: Ваше семейное положение ☐ single ☐ widow(er) ☒ married ☐ divorced

date of birth: 1985 07 03 year month day		place of birth (locality): LENINGRAD	country: USSR
citizenship: RUSSIAN		ethnicity (not mandatory):	
professional skills:	educational attainment: ☐ primary ☐ secondary ☒ tertiary	Employment before arriving to Hungary: ENGINEER 000 "PLANETA" (SAINT-PETERSBURG)	

2. Details of the applicant's passport:			
Passport No.: 72 6891284		place and date of issue: 2017 01 20 (place) SAINT-PETERSBURG year month day	
type: ☒ private passport ☐ service passport ☐ diplomatic passport ☐ other		validity period: 2027 01 20 year month day	

3. Details of the applicant's place of accommodation in Hungary					
land register reference number: 159170		locality: BUDAPEST		name of public place: KOSZTOLÁNYI DEZSŐ TÉR	
postal code: 1114					
type of public place: tér (square)	building number:	building: 11	block: -	floor: 2	door: 5
legal title of residence in the place of accommodation: ☐ owner ☒ tenant ☐ family member ☐ complementary accommodation ☐ other, specifically:					

4. Comprehensive sickness insurance cover	
Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary? ☐ under employment ☐ I have sufficient financial resources to cover the costs ☒ I have comprehensive sickness insurance cover ☐ other, specifically: ☐ no	

5. Return or onward journey conditions					
When your right of lawful residence expires, which the country will be your destination for your return or onward journey?				Means of transport? AIRPLANE	
Do you have the necessary	passport? ☒ yes ☐ no	visa? ☒ yes ☐ no	ticket? ☒ yes ☐ no	sufficient financial resources? 150.000 ☒ yes, amount: 242 1200 EUR	☐ no

6. Dependent spouse, children, parent of the applicant			
name/relationship:	place and date of birth:	nationality:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence permit ☐ EC permanent residence permit ☐ other ☐ long-term visa ☐ permanent residence permit ☐ national permanent residence permit ☐ immigration permit ☐ EU Blue Card Number of residence document: ☐ not residing in Hungary
name/relationship:	place and date of birth:	nationality:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence permit ☐ EC permanent residence permit ☐ other ☐ long-term visa ☐ permanent residence permit ☐ national permanent residence permit ☐ immigration permit ☐ EU Blue Card Number of residence document: ☐ not residing in Hungary
name/relationship:	place and date of birth:	nationality:	legal title of residence: ☐ visa ☐ residence permit ☐ interim permanent residence permit ☐ EC permanent residence permit ☐ other ☐ long-term visa ☐ permanent residence permit ☐ national permanent residence permit ☐ immigration permit ☐ EU Blue Card Number of residence document: ☐ not residing in Hungary

7. Miscellaneous information:

Permanent or usual place of residence before arriving to Hungary:

Country: RUSSIAN FEDERATION

Locality: SAINT-PETERSBURG

Name of public place: 191011, NEVSKY PROSPEKT 50.-3-25

Нужен **полный** адрес!
 (номер дома, номер
 квартиры также)

Do you have a document evidencing right of residence in another Schengen Member State? ☐ yes ☒ no

Type and number of permit:

validity: year month day

Have you ever had an application for residence permit rejected previously?

☐ yes ☒ no

Have you ever been sentenced for a crime before? If yes, in which country and when, for what crime, and what was your sentence?

☐ yes ☒ no

Have you ever been expelled from Hungary, if yes, when?

☐ yes ☒ no

year month day

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?

☐ yes ☒ no

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?

☐ yes ☒ no

8. I hereby declare that my minor child shown in my passport is travelling with me to Hungary.

☐ yes ☐ no

Attention! If your minor child shown in your passport is travelling with you to Hungary, Appendix A need to be enclosed with your application.

9. Planned duration and reasons of stay

Until when do you wish to have the right of residence? year month day

2021 12 31

I hereby declare that the purpose of my stay in Hungary is:

- ☐ Job-searching or entrepreneurship (Appendix 1)
- ☐ Family reunification (Appendix 2)
- ☐ EU Blue Card (Appendix 3)
- ☐ Traineeship (Appendix 4)
- ☐ Medical treatment (Appendix 5)
- ☐ Official (Appendix 6)
- ☐ Gainful activity (Appendix 7)
- ☐ Research or researcher mobility (long-term) (Appendix 8)
- ☐ Visit (Appendix 9)
- ☒ Employment (Appendix 10)
- ☐ National (Appendix 11)
- ☐ Voluntary service activities (Appendix 12)
- ☐ Seasonal work (Appendix 13)
- ☐ Studies or student mobility (Appendix 14)
- ☐ Intra-corporate transfer (Appendix 15)
- ☐ Other, specifically: (Appendix 16)

Нужно выбрать цель пребывания, потом заполнить необходимую дополнительную анкету (appendix)

I hereby declare that the information in the application and in the enclosed Appendix(es) is true and correct.
I understand that if the application contains any false information it shall be refused.

Date: 15.01.2020, Saint-Petersburg

.....
(signature)

дата и город подачи
документов

ПОДПИСЬ

I hereby undertake the commitment to leave the territory of Member State of the European Union on my own accord if my application for residence permit is definitively refused. (to be completed if application is made in Hungary)

Date:

.....
(signature)

Transaction number of payment if made by electronic payment instrument or by bank deposit:

For completion by the authority

If the application is approved

The applicant's stay in Hungary for the purpose of _____ is hereby authorized until _____ year _____ month _____ day.

Date:

.....
(signature, stamp)

Number of residence permit issued: _____

I have received the residence permit.

Date:

.....
(signature of applicant)

In the case of renewal, number of residence permit withdrawn: _____

If the application is refused

Number of the resolution on refusal:

Date of refusal: _____ year _____ month _____ day

Legal basis for refusal:

If the proceeding is terminated

Number of decision on termination:

Date of decision: _____ year _____ month _____ day

Legal basis of the decision: