



I. Personal data of visa applicant			
Name of visa applicant			
1. Family name:			
2. First name(s):			
Name of birth			
3. Family name:			
4. First name(s):			
Mother's birth name			
5. Family name:			
6. First name(s):			
Place of birth			
7. Country:			
8. City:			
9. Date of birth:	Year	Month	Day
10. Sex:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
11. Citizenship:			
12. Type of visa you want to use for stay over three months:	<input type="checkbox"/> residence visa	<input type="checkbox"/> seasonal work visa	<input type="checkbox"/> national visa

II. Permanent or habitual residence abroad	
21. ZIP code:	_____
22. Country:	_____
23. City:	_____
24. Name of public domain:	_____
25. House number:	_____
26. Building, staircase, floor, door:	_____

III. Data of the travel document	
31. passport number:	_____
32. Type of passport:	<input type="checkbox"/> private passport <input type="checkbox"/> service passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> others, namely _____
33. Country:	Place of passport issue: _____
34. City:	_____
35. Date of issue:	_____ Year _____ Month _____ Day
36. Expiry date:	_____ Year _____ Month _____ Day

IV. Purpose of entry	
<input type="checkbox"/> visit	(Please, fill in the V-th group of questions!)
<input type="checkbox"/> official	(Please, fill in the VI-st. group of questions!)
<input type="checkbox"/> business	(Please, fill in the VII-st group of questions!)
<input type="checkbox"/> seasonal work	(Please, fill in the VII-st group of questions!)
<input type="checkbox"/> study	(Please, fill in the VIIIst group of questions!)
<input type="checkbox"/> research	(Please, fill in the VIII-st group of questions!)
<input type="checkbox"/> volunteering	(Please, fill in the VIII-st group of questions!)
<input type="checkbox"/> treatment	(Please, fill in the IX-st group of questions!)
<input type="checkbox"/> family reunification	(Please, fill in the X-st group of questions (!)
<input type="checkbox"/> other	(Please, fill in the XI-st group of questions (!)
<input type="checkbox"/> national visa	(Please, fill in the XII-st group of questions!)
<input type="checkbox"/> EU blue Card	(Please, fill in the XIII-st group of questions!)

V. If the purpose of the entry is a visit, the inviting person's data	
The name of the inviting natural person:	
51. Family name:	_____
52. First name(s):	_____
53. The address of the inviting natural person:	
ZIP code:	_____
City:	_____ District: _____
Name of public domain:	_____
Type of public domain (road,street, square etc.):	_____
House number:	_____
Building: _____ Staircase: _____ Floor: _____ Door: _____	
54. The name of the inviting legal person: _____	

55. The address/location of the inviting legal person:			
ZIP code:	_____		
City:	_____	District: ____	
Name of public domain:	_____		
Type of public domain (road, street, square etc.):	_____		
House number:	_____		
Building: _____	Staircase: _____	Floor: ____	Door: _____
56. The nature of the contact between the inviting legal/natural person and the visa applicant:			
<input type="checkbox"/> Family relationship	<input type="checkbox"/> Relationship	<input type="checkbox"/> Companionship	
<input type="checkbox"/> Other, namely _____			
If the cost of stay is ensured by the inviting party, the data of the invitor/sponsor:			
57. Number of the invitation letter: _____			
58. The duration of invitation:			
From _____	Year _____	Month _____	Day _____
Until _____	Year _____	Month _____	Day _____
_____.			

VI. If the stay is made for official purposes, data of the hosting body and nature of the operation			
61. Name of the hosting body: _____			
62. Location of the hosting body:			
ZIP code:	_____		
city:	_____	District: ____	
Name of public domain:	_____		
Type of public domain (road, street, square etc.):	_____		
House number:	_____		
Building: _____	Staircase: _____	Floor: ____	Door: _____
63. The nature of the official action: _____			

VII. If the purpose of stay is employment or seasonal work, data of the employer and the work permit:			
71. nature of the employment:			
<input type="checkbox"/> Employment relationship	<input type="checkbox"/> Self-employment	<input type="checkbox"/> seasonal work	<input type="checkbox"/> Other:
72. Name of the employer: _____			
73. Location of the employer:			
ZIP code:	_____		
City:	_____	District: ____	
Name of the public domain:	_____		
Type of the public domain (road, street, square, etc.):	_____		
House number:	_____		
Building: _____	Staircase: _____	Floor: ____	Door: _____
74. Position of the applicant: _____			
75. Monthly income according to the work contract: _____ HUF			
76. Start of the employment: _____ Year _____ Month _____ Day			
77. End of the employment: _____ Year _____ Month _____ Day			
78. Number of the work permit: _____			
79. Validity of the work permit: _____ Year _____ Month _____ Day			

80. Work permit issuing authority: _____ _____

VIII. If the purpose of stay is studying, research or volunteer activity, the data of the host institution:
81. Type of training, research or volunteer activity: <input type="checkbox"/> Primary school studies <input type="checkbox"/> Secondary studies <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master degree <input type="checkbox"/> Scientific training <input type="checkbox"/> Others, namely _____
82. Name of host institution / organ: _____ _____
83. Location of the host organ / institution: ZIP code: _____ City: _____ District: ____ Name of public domain: _____ Type of public domain (road, street, square, etc.): _____ House number: _____ Building: _____ Staircase: _____ Floor: ____ Door: _____
84. Is a beneficiary of a scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No
85. If yes, name of the institution disbursing scholarship: _____ _____
86. Location of the institution disbursing scholarship: ZIP code: _____ City: _____ District: ____ Name of public domain: _____ Type of public domain (road, street, square, etc.): _____ House number: _____ Building: _____ Staircase: _____ Floor: ____ Door: _____
87. If the student participates in a self-financing training, the amount of money available to stay in Hungary: EUR _____

IX. If the purpose of the stay is treatment, data of the host institution:
91. Name of the host medical institution: _____ _____
92. Location of the host medical institution: ZIP code: _____ City: _____ District: ____ Name of public domain: _____ Type of public domain (road, street, square, etc.): _____ House number: _____ Building: _____ Staircase: _____ Floor: ____ Door: _____
93. Are the costs of treatment paid by the person who is involved in the medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
94. If not, the sum of money available to cover the costs of the treatment: _____ HUF

X. If the purpose of stay is family reunification, data of the host party	
Name of family member living in Hungary	
101. Family name:	_____
102. First name(s):	_____
Name of birth	
103. Family name:	_____
104. First name(s):	_____
Mother's name of birth	
105. Family name:	_____
106. First name(s):	_____
Place of birth	
107. Country:	_____
108. City:	_____
109. Date of birth:	_____ Year _____ Month _____ Day
110. citizenship:	_____
111. Title of residence:	<input type="checkbox"/> Immigrant <input type="checkbox"/> Resident <input type="checkbox"/> Refugee
	<input type="checkbox"/> with residence permit <input type="checkbox"/> with residence visa <input type="checkbox"/> as a refugee
112. Type of relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse
113. Address:	
ZIP code:	_____
City:	_____ District: _____
Name of public domain:	_____
Type of public domain (road, street, square, etc.):	_____
House number:	_____
Building: _____	Staircase: _____ Floor: _____ Door: _____

XI. Stay for other purposes
Reason of stay for other purpose:

XII. National Visa
What is the reason of the application for stay?
<input type="checkbox"/> to preserve and maintain the Hungarian language <input type="checkbox"/> to preserve cultural and national identity <input type="checkbox"/> participation in an outside training of the state-approved secondary or tertiary education, or improving knowledge related to studies <input type="checkbox"/> Strengthening family relationships
Host family member/other person of the applicant
Family name: _____ First name: _____ Family name of birth: _____ First name of birth: _____ Date of birth: _____ Year Month..... Day Place of birth (city): _____ country: _____ Family relationship: <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> spouse of parent <input type="checkbox"/> ward <input type="checkbox"/> child or descendant , or spouse of this person <input type="checkbox"/> other
Number of identity card/ residence permit of applicant:
Title of stay, if not Hungarian citizen <input type="checkbox"/> residence visa <input type="checkbox"/> residence permit <input type="checkbox"/> immigration permit <input type="checkbox"/> permanent residence permit <input type="checkbox"/> temporary residence permit <input type="checkbox"/> national residence permit <input type="checkbox"/> EC residence permit <input type="checkbox"/> refugee

XIII. If the purpose of the stay is to obtain the EU Blue Card, the data of the employer and the preliminary agreement			
72. Name of employer: _____			
73. Location of employer: ZIP code: _____ City: _____ District: ____ Name of public domain: _____ Type of public domain (road, street, square, etc.): _____ House number: _____ Building: _____ Staircase: _____ Floor: ____ Door: _____			
74. position: _____			
75. monthly income according to the preliminary agreement: _____ HUF			
76. Start of the employment: _____ Year ____ Month ____ Day			
77. End of the employment: _____ Year ____ Month ____ Day			
78. Date and number of the proof of qualification: _____ Year - ____ Month ____ Day			

XIV. Time of entry and stay of Hungary			
124. Expected date of arrival in Hungary: _____ Year ____ Month ____ Day			
125. Planned duration of the stay in Hungary: _____ Days			
126. The number of times the visa is needed to enter Hungary: <input type="checkbox"/> once <input type="checkbox"/> repeatedly			

XV. Data of previous stays in Hungary			
131. Did you stay more than three months in Hungary earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No			
132. If yes, the start of stay: _____ Year ____ Month ____ Day			
133. The end of stay: _____ Year ____ Month ____ Day			
134. Serial number of issued visa: _____ - _____			

XVI. Place of stay in Hungary			
ZIP code: _____			
City: _____ District: ____			
Name of public domain: _____			
Type of public domain (road, street, square, etc.): _____			
House number: _____			
Building: _____ Staircase: _____ Floor: ____ Door: _____			

XVII. Travel data			
151. The type of transportation to be used: <input type="checkbox"/> Plane <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ship <input type="checkbox"/> other, namely _____			
152. Number of travel ticket, or in case of travelling by plane and not having a ticket yet, the number of reservation: _____			
153. Validity of the travel ticket: _____ Year ____ Month ____ Day			
154. In case of travelling by car, the registration number of the car: _____			

XVIII. Other personal data on the applicant	
161. Have you ever been convicted for a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
162. If you have been convicted for a crime, in which country, when, what kind of crime have you convicted, and what kind of punishment was imposed?:	
163. Has your visa application ever been refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
164. Have you ever been expelled from Hungary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
165. If you were expelled, ____ Year __ Month __ Day when?	
166. 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 <input type="checkbox"/> No <input type="checkbox"/>	
167. 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? 168. Which country do you wish to return to after the legal residence? Country:	
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 the Hungarian authorities at the border crossing check the conditions – which are known by me - of my entry and stay in Hungary again, and in case of absence of these, my entry can be refused. Date:	
Signature	

For official use only!	
In case of accepting the application	
Letter and Number of visa stamp: _ - ____ Type of visa: _ Date of visa issue: ____ Year __ Month __ Day	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Place of duty stamp in case of application in Hungary </div>
Number of entries: ____ Duration of stay in visa: ____ Days Validity of visa: ____ Year ____ Month __ Day Note:	

For official use only!**In case of refusal**

Number of refusal decision: _____ Date of refusal: ____ Year__ Month __ Day

Reason of refusal (briefly): _____

„A” INSET

Data of minor children travelling with and entered into the passport of the applicant

For official use only!

Number of INSET: ____

	Name of the minor
1. Family name:	_____
2. First name(s):	_____
	Former name
3. Family name:	_____
4. First name(s):	_____
	Mother's name at birth
5. Family name:	_____
6. First name(s):	_____
	Place of birth
7. Country:	_____
8. City:	_____
9. Date of birth:	____ Yera ____ Month ____ Day
10. Sex:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
11. Citizenship:	_____