Appendix no. 9.20

National Directorate-General for Aliens Policing
Országos Idegenrendészeti Főigazgatóság

APPENDIX for an application for a residence permit

(Medical treatment)

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.		
1. Name and place of establishment (i.e. registered address) of the host healthcare institution		
name of the healthcare institution:		
place of establishment (i.e. registered address) of the healthcare institution:		
2. If you are accompanying a minor child of yours or another family member of yours who is unable to take care of/provide for himself/herself, the particulars of the family member accompanied		
surname:	forename:	
surname at birth:	forename at birth:	
date of birth: year month day	place of birth (locality):	country:
citizenship:	degree of relationship:	

3. Information about means of subsistence in Hungary
Are the means of subsistence provided for the applicant by the applicant himself/herself? ☐yes ☐no a family member? ☐yes ☐no Name of the family member providing for the applicant's means of subsistence: Degree of relationship:
Do you have any savings? ☐ yes ☐ no Amount: Other additional income/properties or assets as means of subsistence:

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.