Appendix no. 9.1

National Directorate-General for Aliens Policing
Országos Idegenrendészeti Főigazgatóság

APPENDIX ”A”

Particulars of the applicant’s minor child travelling together with the applicant, indicated in the applicant’s passport

For completion by the authority. **The authority receiving the application:** **_____**	
Date of receipt of the application: _____ year _____ month ____ day	Area designated for the placement of a facial photograph
	[Handwritten signature specimen of the applicant (legal representative)] The signature must be inside the box in its entirety.

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

☐ **Issuance of a first residence permit:** Border crossing point as place of entry, date of entry: , year month day

☐ **Extension of a residence permit:** Document number of the residence permit, date of expiry: , year month day

1. Personal data of the minor child

surname (as shown in passport):	forename (as shown in the passport):
surname at birth:	forename at birth:
mother's surname at birth:	mother's forename at birth:

sex: ☐ male ☐ female	citizenship:	
date of birth: year month day	place of birth (locality):	country:

2. Particulars of the minor child's place of accommodation in Hungary

parcel identification/land register reference number (topographical LOT no.):	postal code:	locality:	name of the public place:		
type of the public place (i.e. street, road, square, etc.):	street number:	building:	stairway:	floor:	door:

legal title of residence in the place of accommodation: ☐ owner ☐ (sub)tenant ☐ family member ☐ courtesy user of accommodation ☐ other, specifically:

3. Other details

To your knowledge, does your child have any of the contagious diseases of HIV/AIDS, or tuberculosis, hepatitis B, syphilis/lues, leprosy, typhoid fever that require medical treatment, or is (s)he a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers in his/her body?
☐ yes ☐ no

If the child suffers from any of the diseases specified above, or if (s)he is contagious or a carrier of infectious disease pathogens, does (s)he receive compulsory and regular medical treatment with regard to the said diseases?
☐ yes ☐ no

For completion by the authority.

If the application is approved

I hereby approve the applicant's residence in Hungary for the purpose of family reunification until _____ year ____ month ___ day.

Date: ..... Signature, stamp: .....

Document number of the residence permit handed over: _____

I received the residence permit.

Date: ..... Signature of the applicant: .....

In case of extension, the document number of the residence permit withdrawn: _____

If the application is refused

Number of the resolution on refusal: _____

Date of refusal: _____ year _____ month ___ day

Legal basis of the refusal:

If the procedure is terminated

The number of the decision of termination: _____

Date of the decision: _____ year _____ month ___ day

Legal basis of the decision: _____