



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



Application form for the extension of an immigration permit / a permanent residence permit / an interim permanent residence permit / a national permanent residence permit / an EC permanent residence permit / an interim residence card / a national residence card / an EU residence card document

For completion by the authority.	
The authority receiving the application: _____	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 20px auto; text-align: center; vertical-align: middle;">Facial photograph</div> <div style="border: 1px solid black; width: 300px; height: 50px; margin: 20px auto;"></div> <p style="text-align: center;">[Handwritten signature specimen of the applicant(legal representative)]</p> <p style="text-align: center;">The signature must be inside the box in its entirety.</p>
Date of receipt of the application: _____ year _____ month _____ day	
PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.	
Delivery of the document:	
<input type="checkbox"/> The applicant requests delivery of the document by way of post .	Telephone number:
<input type="checkbox"/> The applicant will collect the document at the issuing authority .	
<input type="checkbox"/> The applicant will collect the document at the foreign diplomatic or consular mission (in case of a permit issued for national economic interest).	Email address:

Legal basis of the application: <input type="checkbox"/> extension of a permanent residence permit document <input type="checkbox"/> extension of an immigration permit document <input type="checkbox"/> extension of an interim permanent residence permit document (Appendix „A” must be completed) <input type="checkbox"/> extension of a national permanent residence permit document <input type="checkbox"/> extension of a national permanent residence permit document issued for national economic interest		<input type="checkbox"/> extension of an EC permanent residence permit document <input type="checkbox"/> extension of an interim residence card document (Appendix „A” must be completed) <input type="checkbox"/> extension of a national residence card document <input type="checkbox"/> extension of an EU residence card document	
Document number and date of expiry of the residence permit document to be extended: _____, _____ _____ year _____ month _____ day			
Personal data of the applicant			
Surname:		Forename(s)	
Date of birth: _____ year _____ month _____ day	Passport number and date of expiry: _____, _____ year _____ month _____ day		
Place of residence in Hungary			
Postal code:	Parcel identification/land register reference number (topographical LOT no.):	Locality:	District: Name of the public place:
Type of the public place:	Street number:	Building:	Stairway, floor, door:

<p>I hereby request the extension of my residence permit document with document number indicated above.</p> <p>I hereby declare that the information described above is true and correct.</p> <p>Date:</p> <p>..... (signature of the applicant)</p>
Transaction number of payment if made by electronic payment instrument or by bank deposit:
INFORMATION
<p>The following must be enclosed with the application:</p> <ul style="list-style-type: none"> • 1 facial photograph, • residence permit document to be extended. <p>The procedure is subject to the payment of an administrative service fee at the rate laid down in the specific legislation.</p> <p><i>For completion by the authority.</i></p>

I revoked the expired residence permit document no....., and received the submitted permit.

Date:

Stamp

.....

signature of the case worker

I approve the extension of the document.

Date:.....

Stamp

.....

(signature)

I received/ handed over residence permit document no.....

Date:

.....

(signature of the applicant)

.....

(signature, stamp of the case worker)