



**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: \_\_\_\_\_

Date of receipt of the application: \_\_\_\_\_ year \_\_\_\_\_ month  
\_\_\_\_\_ day

Facial photograph

A large, empty rectangular box intended for the applicant or legal representative to provide a handwritten signature specimen.

[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.**

**Delivery of the document:**

The applicant requests delivery of the document **by way of post**.

The applicant will collect the document at the **issuing authority**.

The applicant will collect the document at the **foreign diplomatic or consular mission** (in case of a permit issued for national economic interest).

Telephone number:

Email address:

<b>Legal basis of the application:</b> <p> <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         </p>		<p> <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         </p>
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**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:

**I hereby request the extension of my residence permit document with document number indicated above.**

**I hereby declare that the information described above is true and correct.**

Date: .....

.....  
(signature of the applicant)

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

**INFORMATION**

The following must be enclosed with the application:

- 1 facial photograph,
- residence permit document to be extended.

The procedure is subject to the payment of an administrative service fee at the rate laid down in the specific legislation.

**For completion by the authority.**

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)