



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



Application form for the substitution of a residence permit / an immigration permit / a permanent residence permit / a national permanent residence permit / an interim permanent residence permit / an EC permanent residence permit / a national residence card / an interim 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: 100px; margin: 0 auto; text-align: center; padding-top: 40px;">Facial photograph</div>
Date of receipt of the application: ____ year ____ month ____ day	
[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.	
Legal basis of the application:	
<input type="checkbox"/> substitution of a residence permit document	<input type="checkbox"/> substitution of an EC permanent residence permit document
<input type="checkbox"/> substitution of an immigration permit document	<input type="checkbox"/> substitution of a national permanent residence permit document
<input type="checkbox"/> substitution of a permanent residence permit document	<input type="checkbox"/> substitution of an interim permanent residence permit document
<input type="checkbox"/> substitution of an EU residence card document	<input type="checkbox"/> substitution of a national residence card document
<input type="checkbox"/> substitution of an interim residence card document	<input type="checkbox"/> substitution of an interim residence card document
Delivery of the document:	Telephone number:
<input type="checkbox"/> The applicant requests delivery of the document by way of post.	Email address:

<input type="checkbox"/> The applicant will collect the document at the <u>issuing authority</u>											
I. Personal data of the applicant as shown in the personal identification document											
Surname:						Forename(s):					
date of birth: year month day			passport number:				date of expiry: year month day				
Marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow(er)											
Document number of the residence permit:							date of expiry: year month day				
II. Place of accommodation / Place of residence in Hungary											
Postal code:		Country:			Locality:				Name of the public place:		
Type of the public place (i.e. street, road, square, etc.):		Street number:		Building:		stairway:		floor:		door:	
III. Are you a holder of a residence permit, permanent residence permit or long-term resident status in another Member State of the European Union? <input type="checkbox"/> yes <input type="checkbox"/> no											
If the answer is yes, the name of the Member State:						Type of the document:					
Number of the document:						Date of expiry: year month day					
IV. Particulars of the family member(s) of the applicant											
Do you have any Hungarian national family members? <input type="checkbox"/> yes <input type="checkbox"/> no											
Do you have any EEA national family members? <input type="checkbox"/> yes <input type="checkbox"/> no											
Name of the family member living in Hungary:											
Place and date of birth : , year month day											
Place of residence in Hungary:											
V. I hereby report that my residence permit document is											
<input type="checkbox"/> lost. <input type="checkbox"/> stolen. <input type="checkbox"/> destroyed. <input type="checkbox"/> damaged.											
Detailed description of the circumstances:											
Date: (signature of the applicant)					
Transaction number of payment if made by an electronic payment instrument or by a bank deposit:											
INFORMATION NOTICE											
The following must be attached to/enclosed with the application :											
• 1 facial photograph,											
• the damaged residence permit document,											
• any other document (e.g. minutes of a police report, an official certificate, etc.).											
The procedure is subject to the payment of an administrative service fee at the rate laid down in the specific legislation.											
If the document that is assumed and reported to be lost is found before the issuance of the new substitute document, the competent regional directorate will return it to its rightful holder. If the client finds the document that is assumed and reported to be lost after receiving his/her new substitute document, (s)he is required to return it to the competent regional directorate.											

For completion by the authority.

I approve the substitution of the document.

Date: Stamp
(signature)

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

Date: Stamp
(signature of the case worker)

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

Date
.....
(signature of the applicant) (signature, stamp of the case worker)

I approve the substitution of the document.

Date: Stamp

Stamp

(signature)

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

Date: Stamp

Stamp

(signature of the case worker)

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

Date

(signature of the applicant) (signature, stamp of the case worker)

.....

(signature, stamp of the case worker)