

## BEVÁNDORLÁSI ÉS ÁLLAMPOLGÁRSÁGI HIVATAL



## FORM FOR ISSUING REGISTRATION CERTIFICATE AND REPORTING ACCOMMODATION

Date of starting the procedure	e: _ year month da	ıy	Numbe	r:	
Legal ground for issuing the	e document:			applicant (legal representative) t completely be within the frame.	
I. Data of the applicant					
	Name of	the applica	ant		
1. Family name:				_	
2. Given name(s):	Former or				
3. Family name:	rottilet of	maiden na	ime		
4. Given name(s):				_	
5. Family name: 6. Given name(s):	Mother's	maiden na	me	_	
o. or on nume(b).	Date	of birth			
7. Country:		0			
8. City:					
9. Date of birth:	year	_ month	day		
10. Sex:	Male □	Female			
11. Nationality:	G: 1		3.6 . 1		
12. Marital status:	<ul><li>□ Single</li><li>□ Divorced</li></ul>		□ Married	□ Widow	

1	II. Data of the travel do	ocument or	identificatio	on document		
21. Type of document:	□ travel documer	nt				
	□ identity card					
22. Document number:						
23. Type of travel	□ Private passport	□ Service	passport	□ Diplomatic passport		
document:						
	□ Other, namely:					
	Place of issue	;				
24. Country:						
25. City:						
26. Date of issue:	year	month	day			
27. Validity:	year	month	day			
III. Hungarian accommodation						
31. Postal code:						
32. City:				District:		
33. Name of public doma	nin (road, street,					
square etc):						
34. Type of public domain	in (road street					
square etc):						
35. Street number/Topog	ranhical					
number:						
Building:	Stairca	ase:		Floor: Apartment number:		
36. Legal ground of reporting accommodation:						
□ I declare my ownership		apartment.				
			he owner of	the flat or the person entitled to use it.		
□ I attach the statement promising a place of abode made by the owner of the flat or the person entitled to use it.						
		V. Other da				
41. Do you have full health insurance for the duration of your stay in Hungary?						
□ Yes						
□ No, I cover the expense	es related to health insur	rance.				
42. To the best of your	knowledge, do you su	ffer from H	IV/AIDS, he	epatitis B, tuberculosis, leprosy, lues,		
				titis B, typhoid or paratyphoid?		
Yes□	No □					
43. If you suffer from ar part in obliged and perma		s, or you are	contagious	with or a carrier of them, do you take		
Yes	1.5					
Y es⊔	No □					
I declare that the data v		cordance w	ith the real	facts		
Date:	viitten above are in act	cordance wi	th the rear	iacis.		
				Signature		

For official u	se only
I assign the issue of the registration cetrificate.	
Date:	(Signature, seal)
Number of the issued document:	
I have received the residence card.	
Date:	(Signature)
Fee stamps	