



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



**APPENDIX to an application for a residence permit
(Employment for the purpose of investment)**

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

The application is submitted:

- by the client,
 via an employer.

Delivery of the document if the application is submitted via an employer: (The employer will receive the document **by way of post**.)

Official contact address of the employer:

Place of establishment (i.e. registered address) of the employer:

Telephone number:

Email address:

Place of receipt of the visa in case of an application of a third-country national staying abroad, submitted via an employer:
country: **city/town:**

1. Information about means of subsistence in Hungary

amount of expected income from employment:	taxable income in Hungary for the previous year:
amount of savings held available:	other additional income/properties or assets as means of subsistence:

2. Particulars of the applicant's current place of accommodation in Hungary

How many persons can be accommodated in the place of accommodation indicated in Point 3 of the application form for the residence permit?

Will the place of accommodation be provided by the employer on the site of the investment, in an area separate from local residents?
 yes no

If yes, the issuer, the number and the date of issuance of the official authorisation for establishment of the place of accommodation:

year month day					
Information required for a single approval procedure					
3. Data of the Hungarian employer					
name:					
place of establishment (i.e. registered address) of the employer:					
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:
Employer's tax number / tax identification code:			KSH number (no. recorded by the Hungarian Central Statistical Office):	TEÁOR number (Hungarian NACE number):	
4. Did the employer conclude an agreement (contract) with the Minister responsible for foreign trade affairs or accepted the Minister's offer of support for the investment?					
<input type="checkbox"/> yes <input type="checkbox"/> nem					
5. Number of the preliminary group employment authorisation:					
6. Professional qualification(s) required for the position:		7. Education:		8. Occupation before arriving in Hungary:	
		<input type="checkbox"/> primary school <input type="checkbox"/> specialised school <input type="checkbox"/> vocational school <input type="checkbox"/> secondary grammar school <input type="checkbox"/> vocational secondary school <input type="checkbox"/> technician education establishment <input type="checkbox"/> finished less than 8 school years in primary school			
9. Place(s) of work:		Does the nature of the work require that your work-site is located in various counties?		Will you work on various premises of the employer (located in different counties)?	
Will you perform your employment at one single work-site? <input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	
Address(es):		If yes, the starting place (address) of work:			
10. Date of preliminary agreement with the employer:			11. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):		
year month day					
12. The applicant's skills and knowledge required for the position:					

The period of professional experience relevant to the position to be filled:

Specific knowledge and skills related to the job to be performed:

Language skills

Native language:

Other language(s):

Do you speak Hungarian? yes no

Have you ever worked in Hungary before? yes no

If yes, please indicate the date of expiry of your previous single permit: year month day

Your previous employer in Hungary:

Name:

Address:

13. I hereby declare that I understand that my residence permit will expire on the 6th day after my employer files the termination notification of my employment.

I undertake to leave the territory of the Member States of the European Union and other Schengen States within 8 days of the date on which my residence permit ceases to be valid.

In this context, I declare that I am going to undertake voluntary departure and fulfil my obligation to leave to as a country which is considered a safe country of origin or a safe third country for me, where I will not be at risk of persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion, or as defined in Article XIV(3) of the Fundamental Law of Hungary.

The country of expulsion is:

- a state where I have my habitual place of residence and that I am allowed to enter with the following permit:
type and number of the permit: _____ ,
- the/a state of my citizenship,
- a state that I am allowed to enter with the following permit:
type and number of the permit: _____ ,

I am aware that if my residence permit ceases to be valid, the immigration authority will order my expulsion to the country indicated by me and will publish the decision on the website of the immigration authority.

It is known to me that if I do not comply with the provisions of the decision of expulsion by the deadline specified in the decision, the immigration authority will carry out the expulsion under law enforcement escort and impose a ban on my entry and stay.

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.