

**Application for a replacement residence permit / permanent residence permit**

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|  ***For completion by the authority.*** | Automated case No.: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ |
|  Authority receiving the application (code and name): |   |
|   |   |   |   |
| Date of acceptance of the application: |  |  |  |
|   |   | Facial photograph |   |
|  \_\_\_\_\_ year \_\_\_ month \_\_\_ day |   |  |   |
| **Legal basis of the application**□ replacement of residence permit document□ replacement of permanent residence permit document |  |  |  |
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|  |  |  |  |
|  |   | [Handwritten signature specimen of applicant (legal representative)] |   |
| Please complete the form legibly, in block letters, using Latin characters. |   | Signature must be inside the box in its entirety. |   |
|   |   |   |
| **Delivery of document:**[ ]  Applicant requests delivery of the document **by way of post**. [ ]  Applicant will collect the document at the **issuing authority**.Phone number:       E-mail address:       |

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| **I. Particulars of the applicant** |
|  1. Surname:  |       |
|  Forename(s): |       |
|  2. Mother’s name:        |  |
|  3. Place and date of birth:       |       year       month       day |
|  4. Marital status: [ ]  single [ ] married[ ]  divorced [ ]  widow(er) |  |
|  5. Passport number and validity:       |
|  6. Number and validity of residence authorisation document to be replaced:       |
|  7. Full address of place of accommodation/residence: |   |
|  Postal code:       |  Land register reference number:       |
|  Locality:       |  District:       |
|  Name of public place:       |   |
|  Type of public place (street, road, square, etc.):        |
| Building number:       |   |
| Building:       | Block:       | Floor:       | Door:       |
| **II. Particulars of family members**Do you have a family member who is a Hungarian citizen? [ ]  yes [ ]  noDo you have a family member who is an EEA national? [ ]  yes [ ]  no |
| Names of family members living in Hungary:      Place and date of birth:             year       month       dayAddress in Hungary:        |
| **III**. I hereby declare that my residence authorisation document was  |
|  [ ]  lost.  |
|  [ ]  stolen. |
|  [ ]  destroyed. |
|  [ ]  damaged. |
| **IV. Do you have a residence permit or permanent residence permit issued by another Member State of the European Union?**[ ]  yes[ ]  noIf yes:indicate Member State:      indicate type of permit:      document number:      validity period:       year       month       day |
|  **Detailed description of the event:** |
|         |
|  Date: ......................................... |
|  ............................................................... |
|  (signature of applicant) |
|  |
| Transaction number of payment if made by electronic payment instrument or by bank deposit:       |

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| **INFORMATION** |
| The application shall have enclosed:* 1 facial photograph
* the damaged residence authorisation document,
* other document (pl. police report, official certificate etc.)

An administrative service fee in the amount specified by law must be paid.If a document that was reported lost is found before a replacement is issued, the regional directorate shall give it back to its rightful holder. If a document that was reported lost is found by its rightful holder after the replacement document has been issued, it shall be returned to the competent regional directorate. |

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| ***For completion by the authority*** |
|  Replacement of the document is authorised. Date:……………………………………….. stamp ………………………………………… (signature) |
|  The damaged residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been withdrawn and received. |
|  Date: ..................................... |
| stamp |
|  ......................................................................... |
|  (signature of case officer) |
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|  The residence authorisation of number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been handed over. |
|  Date: ..................................... |
|  ......................................................................... ……………………………………… |
|  (signature of applicant) (signature of case officer, stamp) |