



BEVÁNDORLÁSI ÉS  
MENEKÜLTÜGYI  
HIVATAL



Application for a replacement residence permit / permanent residence permit

<p><i>For completion by the authority.</i> Authority receiving the application (code and name):</p>	Automated case No.:
Date of acceptance of the application:  _____ year ___ month ___ day	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto; text-align: center; padding: 5px;">Facial photograph</div>
<p><b>Legal basis of the application</b></p> <p><input type="checkbox"/> replacement of residence permit document</p> <p><input type="checkbox"/> replacement of permanent residence permit document</p>	
PLEASE COMPLETE THE FORM LEGIBLY, IN BLOCK LETTERS, USING LATIN CHARACTERS.	

<p><b>Delivery of document:</b></p> <p><input type="checkbox"/> Applicant requests delivery of the document <b>by way of post.</b></p> <p><input type="checkbox"/> Applicant will collect the document at the <b>issuing authority.</b></p> <p>Phone number:</p> <p>E-mail address:</p>
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<p><b>I. Particulars of the applicant</b></p> <p>1. Surname: Forename(s):</p> <p>2. Mother's name:</p> <p>3. Place and date of birth: _____ year    month    day</p> <p>4. Marital status: <input type="checkbox"/> single    <input type="checkbox"/> married <input type="checkbox"/> divorced    <input type="checkbox"/> widow(er)</p>
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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: _____
<b>II. Particulars of family members</b> Do you have a family member who is a Hungarian citizen? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have a family member who is an EEA national? <input type="checkbox"/> yes <input type="checkbox"/> no Names of family members living in Hungary: Place and date of birth: _____ year      month      day Address in Hungary: _____
<b>III. I hereby declare that my residence authorisation document was</b> <input type="checkbox"/> lost. <input type="checkbox"/> stolen. <input type="checkbox"/> destroyed. <input type="checkbox"/> damaged.
<b>IV. Do you have a residence permit or permanent residence permit issued by another Member State of the European Union?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If yes: indicate Member State: indicate type of permit: document number: validity period:      year      month      day
<b>Detailed description of the event:</b>   Date: .....   <div style="text-align: right; margin-right: 100px;">             .....              (signature of applicant)         </div>
Transaction number of payment if made by electronic payment instrument or by bank deposit:

<b>INFORMATION</b>
<p>The application shall have enclosed:</p> <ul style="list-style-type: none"> <li>• 1 facial photograph</li> <li>• the damaged residence authorisation document,</li> <li>• other document (pl. police report, official certificate etc.)</li> </ul> <p>An administrative service fee in the amount specified by law must be paid.</p> <p>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.</p>

*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)

The residence authorisation of number \_\_\_\_\_ has been handed over.

Date: .....

.....  
(signature of applicant)

.....  
(signature of case officer, stamp)