

APPLICATION FOR VISA TO THE REPUBLIC OF HUNGARY

Photo

Stamp of Embassy
or Consulate

This form is free. Please fill in using capital letters or typewriter and Roman characters.

1. Family name		<p style="text-align: center;">For Embassy/Consulate use only</p> <p>Kérelem átvételének ideje:év.....hó.....nap</p> <p>A kérelem adatbevételének ideje:év.....hó.....nap</p> <p>Ügyintéző:.....</p> <p>Igazolások, okmányok:</p> <p><input type="checkbox"/> Érvényes útleveél</p> <p><input type="checkbox"/> Pénzeszközök</p> <p><input type="checkbox"/> Meghívó</p> <p><input type="checkbox"/> Közlekedési eszközök</p> <p><input type="checkbox"/> Egészségbiztosítás</p> <p><input type="checkbox"/> Tartózkodási engedély</p> <p><input type="checkbox"/> Egyéb</p> <p>Vízum</p> <p><input type="checkbox"/> Elutasítva</p> <p><input type="checkbox"/> Engedélyezve</p> <p>Engedélyezés esetén a vízum jellemzői:</p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> C</p> <p>Beutazások száma</p> <p><input type="checkbox"/> Egyszeri</p> <p><input type="checkbox"/> Kétszeri</p> <p><input type="checkbox"/> Többszöri</p> <p>Érvényes:.....-tól</p> <p>.....-ig</p>
2. Family name at birth		
3. Given name(s)		
4. Date of birthyear.....month.....day	5. ID - number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> Private passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):.....		
14. Number of passport	15. Issued by (country and authority)	
16. Date of issueyear.....month.....day	17. Valid untilyear.....month.....day	
18. If you reside in a country other than the country of your nationality, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes Number of permission:..... Valid until:.....year.....month.....day		
*19. Current occupation		
*20. Name, address and telephone number of your employment. For students, name and address of school.		
21. Main destination (in case of transit)	22. Type of visa: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay	23. Requested validity of multiple visa? <input type="checkbox"/> six months <input type="checkbox"/> one year
24. Number of entries requested <input type="checkbox"/> Single <input type="checkbox"/> Two <input type="checkbox"/> Multiple	25. Duration of stay Visa is requested for.....days	
26. Have you had any visa application rejected during the past three years ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. In the case of transit, have you an entry permit for the country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until:year.....month.....day		
Issuing authority:.....		
*28. Have you been expelled from Hungary during your previous stay(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, in.....(year).		

*The questions marked with * do not have to be answered by family members of EEA citizens (spouse, child or dependent ascendant). Family members of EEA citizens have to present document to prove this relationship.

29. Purpose of travel
 Tourism Business Visit (to family or friends) Cultural/Sports Official
 Medical reasons Other (please specify):.....

For Embassy/Consulate
use only

*30. Date of arrival
.....year.....month.....day

*31. Date of departure
.....year.....month.....day

A vízum kiállításának ideje:
.....év.....hó.....nap

*32. Means of transport:
 Aircraft Train Bus
 Car Other, namely.....

*33. If travelling by air the serial number of your ticket or reservation

A kiadott vízumbélyeg betűjele, sorszáma:
.....

*34. Name and address of host or company, in case of company the name of the contact person. If not applicable, give name of hotel or temporary address in Hungary.

Name

Telephone and telefax

A vízumkérelem elutasítása esetén:

Full address

E-mail address

Az elutasítás ideje:
.....év.....hó.....nap

*35. Who is paying for your cost of travelling and for your costs of living during your stay?
 Myself Host person(s) Host company
In case of being invited the number of the letter of invitation.....

Az elutasítás indoka:

*36. Means of support during your stay
 Cash Travellers' cheques Credit cards Voucher Other:.....
 Travel and/or health insurance. Valid until:.....

37. Spouse's family name (in case he/she is travelling with you)

38. Spouse's family name at birth

39. Spouse's first name

40. Spouse's date of birth
.....year.....month.....day

41. Spouse's place of birth

42. Child/ren (travelling with you) (Application/s must be submitted separately for each passport.)

Family name	Given name	Date of birth
1.		
2.		
3.		

43. Personal data of the EEA citizen you depend on. This question should be answered only by family members of EEA citizens.

Family name

Given name

Date of birth
....year.....month.....day

Nationality

Number of passport

Family relationship:

44. I declare that all particulars above are true and valid.
I acknowledge that any false statements will lead to my application being rejected.
Furthermore I accept that when crossing the border, the competent Hungarian authority may check the fulfilment of the entry conditions – that are known by me –and in case of not fulfilling these conditions, my entry can be denied.
I undertake to leave the territory of the Republic of Hungary upon the expiry of the duration of stay stated in the visa.

45. Applicant's home address

46. Telephone number

47. Place and date:
.....

48. Signature (for minor/s, signature of the legal representative)
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