



# APPLICATION FOR VISA TO THE REPUBLIC OF HUNGARY



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

1. Family name		<b>For Embassy/Consulate use only</b>  Date of application: .....year.....month.....day  Date of filing: .....year.....month.....day  File handled by:.....  <b>Supporting documents:</b> <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Residence permit <input type="checkbox"/> Other
2. Family name at birth		
3. Given name(s)		
4. Date of birth .....year.....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 issue .....year.....month.....day	17. Valid until .....year.....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).		

**Visa**  
 Refused  
 Granted

Characteristics of visa:  
 A  
 B  
 C

Number of entries  
 Single  
 Two  
 Multiple

Valid from.....  
to.....

\*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 <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit (to family or friends) <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify):.....		<b>For Embassy/Consulate use only</b>  Date of issue: .....year.....month.....day  Number of the visa-sticker: .....  In case of refusal:  Date of refusal: .....year.....month.....day  Reason of refusal:												
*30. Date of arrival .....year.....month.....day	*31. Date of departure .....year.....month.....day													
*32. Means of transport: <input type="checkbox"/> Aircraft <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Other, namely.....	*33. If travelling by air the serial number of your ticket or reservation													
*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													
Full address	E-mail address													
*35. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person(s) <input type="checkbox"/> Host company In case of being invited the number of the letter of invitation.....														
*36. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Voucher <input type="checkbox"/> Other:..... <input type="checkbox"/> 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.) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Family name</th> <th style="width: 33%;">Given name</th> <th style="width: 33%;">Date of birth</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>			Family name	Given name	Date of birth	1.			2.			3.		
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)													