

Place and date of issue:			
Country:			
Locality:			
Place of issue:	year	month	day
Validity period:	year	month	day
3. Details of the applicant's place of accommodation in Hungary			
Postal code:			
Locality:		District:	
Name of the public place:			
Type of the public place:			
Building number / Land register reference number:			
Building:	Block:	Floor:	Door:
Legal title of residence in the place of accommodation:			
<input type="checkbox"/> I hereby declare that I am the owner of the property indicated.			
<input type="checkbox"/> Enclosed please find the statement of consent of the owner of the residential property or the landlord being the lawful user of the property on other grounds.			
4. Other data			
Have any comprehensive sickness insurance cover for the planned duration of residence in Hungary?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No, I have sufficient financial resources to cover the costs.			
To your knowledge, do you have any contagious disease that requires treatment, such as HIV/AIDS, tuberculosis, hepatitis B, syphilis, leprosy, typhoid fever, or are you a carrier of the infectious agent of HIV, hepatitis B, typhoid or paratyphoid fevers?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you suffer from any of the diseases specified above, or if contagious or a carrier of infectious diseases, do you receive compulsory and regular treatment with regard to the said diseases?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Permanent or usual place of residence before arriving to Hungary:			
Country:		Locality:	
Name of public place:			
When you cease to exercise your right of residence, or your right of residence expires, which country will you be travelling to?			
Country:			
I hereby declare that the information in the application is true and correct.			
Date: _____		_____ signature	
Transaction number of payment if made by electronic payment instrument or by bank deposit:			

For completion by the authority

I hereby authorize the issuance of the registration certificate for the applicant.

Date:
.....
(signature, stamp)

Number of the certificate issued: _____

I have received the registration certificate.

Date:
.....
(signature of applicant)