**RESIDENCE PERMIT – NATIONAL INTEREST**

 **SUBMITTED**

|  |  |  |
| --- | --- | --- |
| **GENERAL ENCLOSURES** | YES | NO |
| Duly filled and signed application form for residence permit and Appendix 9.22 –find it on the website of National Directorate-General for Aliens Policing of Hungary :<http://oif.gov.hu/index.php?option=com_k2&view=item&layout=item&id=2243&Itemid=2468&lang=en>  |  |  |
| Valid passport and the previous (old) passports (at least 2 blank pages in the valid passport are needed and the passport has to be issued within the previous 10 years). The validity period of the valid travel document must have at least three months remaining at the time the authorized duration of residence expires. |  |  |
| Statement undertaking the commitment of voluntary exit if the residence permit will expire or will become invalid |  |  |
| Valid travel insurance |  |  |
| Police Clearance Certificate |  |  |
| Birth certificate in English with Apostille Attestation |  |  |
| CV in English |  |  |

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| **DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE****(MANDATORY)** | YES | NO |
| **A declaration**of economic, national political, scientific, cultural or sporting interest, |  |  |
| **Documentary evidence** of the above, this must also be attached, |  |  |
| If the purpose of residence is employment, a **preliminary agreement** on establishment of an employment relationship, a **document on legal relationship of employment.** |  |  |

 ***Note:***

* + ***Only original documents are accepted.***
	+ ***Please bring one extra set of Photocopy of all the documents you wish to submit. Also bring full copy of the valid passport.***
	+ ***The Embassy reserves the right to request further documentation. Original Documents must be presented during the personal interview with the visa officer.***

Contact of applicant (Tel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_