Photo

APPLICATION FOR VISA
TO THE
REPUBLIC OF HUNGARY

Stamp of Embassy

or Consulate

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

1. Family name	
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 ☐ Male ☐ Female	10. Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other
11. Father's name	12. Mother's name

13. Type of passport:
☐ Private passport   ☐ Diplomatic passport   ☐ Service passport
☐ Travel document (1951 convention)   ☐ Alien's passport   ☐ Seaman's passport
☐ 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?
☐ No
☐ 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: ☐ Airport transit ☐ Transit ☐ Short stay	23. Requested validity of multiple visa? ☐ six months ☐ one year
24. Number of entries requested ☐ Single ☐ Two ☐ Multiple		25. Duration of stay Visa is requested for……………days

26. Have you had any visa application rejected during the past three years ?   ☐ Yes   ☐ No

27. In the case of transit, have you an entry permit for the country of destination?
☐ No   ☐ Yes, valid until: …………year………………………month………day
Issuing authority:……………………………………………………………………………………...

*28. Have you been expelled from Hungary during your previous stay(s)?
☐ No   ☐ 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):……………………………………………………………

*30. Date of arrival	*31. Date of departure
…………year………………month ………day	…………year………………month………day

*32. Means of transport:	*33. If travelling by air the serial number of your ticket or reservation
☐ Aircraft ☐ Train ☐ Bus	
☐ Car ☐ Other, namely…………………..	

*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?

☐ Myself   ☐ Host person(s)   ☐ Host company

In case of being invited the number of the letter of invitation…………………………………………………………

*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) ………………………………………………………

For Embassy/Consulate use only

Date of issue:

……year……..month……day

Number of the visa-sticker:

…………………………………

In case of refusal:

Date of refusal:

……year……..month……day

Reason of refusal: