

## National Directorate-General for Aliens Policing Országos Idegenrendészeti Főigazgatóság



## APPENDIX to an application for a residence permit

(EU Blue Card)

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.										
The application is su	bmitted:									
☐ by the client,										
☐ via an employer										
Delivery of the document if the application is submitted via an <a href="employer">employer</a> : (The employer will receive the document <a href="mailto:by way of post">by way of post</a> .)										
The official contact address of the employer:										
Place of establishment (i.e. registered address) of the employer:										
Place of receipt of the visa in case of an application of a third-country national staying abroad, submitted <u>via an employer</u> : country: town/city										
Telephone number:										
Email address:										
1. Information about	t means of subsister	nce in Hungary								
amount of expected income from activity:				taxable income in Hungary for the previous year:						
amount of savings held available:				other additional income/properties or assets as means of subsistence:						
2. Particulars of the	— Hungarian employe	er								
name:										
place of establishmen	nt (i.e. registered ad	ldress):								
postal code:	locality:			name of the public place						
type of the public place (i.e. street,	street number:	building:	stairway:		floor:	door:				

Employer's tax number /tax identification code:			o. recorded by the tral Statistical Office:	TEÁOR number (Hungarian NACE number):					
tax identification code.									
3. Professional qualifular required for the posi	tion:	4. Educational attainment:  primary school specialised school vocational school secondary grammar school vocational secondary school technician education establishment college university finished less than 8 school years in primary school							
6. Place(s) of work:				f the work require that		n various premises of			
Will you perform you one single work-site?  ☐yes ☐no	r employment a		your work-site is counties?		the employer (loc counties)?	cated in different			
Address(es):			If yes, starting place (address) of work:		□yes □no				
-	(postal code)			le)					
(address)			(address)						
7. Date of preliminary agreement with year month			the employer: day	8. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):					
9. The applicant's sk	ills and knowl	edge	e required for the	position					
The period of professional experience relevant to the position to be filled:  Specific knowledge and skills related to the job to be performed:  Language skills  Native language: Other language(s):  Do you speak Hungarian?  yes no  10. Have you ever worked in Hungary before?  yes no  If yes, please indicate the date of expiry of your previous single permit: Your previous employer in Hungary:									
name: address:									
				23, the Government O f them apply to the app		as a specialised			
☐ <b>Yes</b> , Point of Section 242 (7) of Act XC of 2023. (Indicating the case of exempt is mandatory.) ☐ <b>No.</b>									
Decree 445/2013 (of	28 November)	?	_	aving a work permit p		15 (1) of Government			
				having a work permit ping the case of exempt is		of Section 15 (1) of			
13. Shall the applica Government Decree				xamination of the labo	ur market pursuan	t to Section 9 (1) of			
☐ <b>Yes</b> , the applicant's employment shall be exempt from examination of the labour market pursuant to Point of Section 9 (1) of Government Decree 445/2013 (of 28 November). (Indicating the case of exempt is mandatory.) ☐ <b>No.</b>									
			DEOD	ATTON NOTICE					
INFORMATION NOTICE  During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.									