



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



**APPENDIX to an application form for a residence permit
(Intra-corporate transfer and long-term intra-corporate mobility)**

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

Issuance of a residence permit for the purpose of intra-corporate transfer

Issuance of a permit for long-term mobility:

Border crossing point as place of entry, date of entry: _____ year.....month day

First Member State of residence for the purpose of intra-corporate transfer: _____

Document number and date of expiry of the residence permit document issued by the first Member State

_____,yearmonthday

The application is submitted:

by the client,

via an employer

Delivery of the document if the application is submitted via an employer:

(The employer will receive the document by way of post.)

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 via an employer:

country: _____ **town/city** _____

Telephone number: _____

Email address: _____

1. Information about means of subsistence in Hungary

amount of expected income from employment: _____

taxable income in Hungary for the previous year: _____

amount of savings held available: _____

other additional income/properties or assets as means of subsistence: _____

Information required for conducting a single permit procedure

2. Particulars of the Hungarian host entity:

name:					
place of establishment (i.e. registered address):					
postal code:		locality:		name of the public place:	
type of the public place (i.e. street, road, square, etc.):		street number:	building:	stairway:	floor:
					door:
Employer's tax number / tax identification code:		KSH number (no. recorded by the Hungarian Central Statistical Office:		TEÁOR number (Hungarian NACE number):	
3. Particulars of the business/group of businesses or undertakings established in a third country:					
Name:			Registered address (country, locality):		
4. Position to be filled within the framework of intra-corporate transfer:					
<input type="checkbox"/> Manager <input type="checkbox"/> Specialist <input type="checkbox"/> Trainee					
5. Duration and place of intra-corporate transfer within the territory of the European Union:					
Name of the first Member State and planned duration of stay:					
Name of the second Member State and planned duration of stay:					
Name of additional Member States and planned duration of stay:					
6. Professional qualification(s) required for the position:		7. Educational attainment:			8. Occupation before arriving in Hungary:
		<input type="checkbox"/> primary school <input type="checkbox"/> specialised school <input type="checkbox"/> vocational school <input type="checkbox"/> secondary grammar school <input type="checkbox"/> vocational secondary school <input type="checkbox"/> technician education establishment <input type="checkbox"/> college <input type="checkbox"/> university <input type="checkbox"/> finished less than 8 school years in primary school			
9. Prior to the intra-corporate transfer, duration of employment relationship with a business or group of businesses/undertakings established in a third country:					10. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):
11. Place(s) of work:		Does the nature of the work require that your work-site is located in various counties? <input type="checkbox"/> yes <input type="checkbox"/> no		Will you work on various premises of the employer (located in different counties)?	
Will you perform your employment at one single work-site? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: (postal code) (address)		If yes, starting place (address) of work: (postal code) (address)		<input type="checkbox"/> yes <input type="checkbox"/> no	
12. The applicant's skills and knowledge required for the position:					
<u>The period of professional experience</u> relevant to the position to be filled:					
<u>Specific knowledge and skills</u> related to the job to be performed:					
Language skills					
Native language:					
Other language(s):					
Do you speak Hungarian? <input type="checkbox"/> yes <input type="checkbox"/> no					
Have you ever worked in Hungary before? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, previous Hungarian employer's name and address:					

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.