Appendix no. 9.5



National Directorate-General for Aliens Policing Országos Idegenrendészeti Főigazgatóság



APPENDIX to an application for a residence permit

(Employment for the purpose of investment)

PLEASE COMPLETE THE FO	ORM LEG	IBLY, IN LATIN BLOCK LETTERS.					
The application is submitted:							
by the client,							
🗌 via an employer.							
Delivery of the document if the application is submitted employer: (The employer will receive the document by w		Telephone number:					
post.)	<u></u>	Email address:					
Official contant address of the employer:							
Place of establishment (i.e. registered address) of the emp	oloyer:						
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: city/town:							
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:						
2. Particulars of the applicant's current place of accommodation in Hungary							
How many persons can be accommodated in the place of a residence permit?	ccommod	ation indicated in Point 3 of the application form for the					
Will the place of accommodation be provided by the emplo	oyer on th	e site of the investment, in an area separate from local residents?					
If yes, the issuer, the number and the date of issuance of th	e official	authorisation for establishment of the place of accommodation:					

year m	onth day			,					,	
Information required for a single approval procedure										
3. Data of the Hung	arian employer									
name:										
place of establishmer	nt (i.e. registered add	dress) of	f the emplo	oyer:						
postal code:	locality:				name of			the public place:		
type of the public place (i.e. street, road, square, etc.):	street number:	building			stairwa			floor:	door:	
Employer's tax number / tax identification code:			by the H	KSH number (no. recorde by the Hungarian Central Statistical Office):						
 4. Did the employer conclude an agreement (contract) with the Minister responsible for foreign trade affairs or accepted the Minister's offer of support for the investment? yes nem 										
5. Number of the preliminary group employment authorisation:										
6. Professional qua required for the pos		☐ pri school gramm ☐ vo gramm ☐ tec	cational sch nar school cational sec chnician ed ished less t ry school	hool condary s ucation e than 8 scl	school stablish	ars in	8. 0	Occupation before ar	riving in Hungary:	
9. Place(s) of work: Will you perform yo one single work-site		your v	Does the nature of the work require th your work-site is located in various counties?				Will you work on various premises of the employer (located in different counties)?			
Address(es):		☐ yes ☐ no If yes, the starting place (address) of work								
10. Date of prelimin year m	nary agreement wit onth day	h the er	nployer:					anumber, i.e. the Hun ecupations):	garian Standard	
12. The applicant's	skills and knowled	ge requ	ired for th	e positio	n:					

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							
Have you ever worked in Hungary before? 🗌 yes 🗌 no							
If yes, please indicate the date of expiry of your previous single permit: year month day							
Your previous employer in Hungary:							
Name:							
Address:							
13. I hereby declare that I understand that my residence permit will expire on the 6 th day after my employer files the termination notification of my employment.							
I undertake to leave the territory of the Member States of the European Union and other Schengen States within 8 days of the date on which my residence permit ceases to be valid.							
In this context, I declare that I am going to undertake voluntary departure and fulfil my obligation to leave to as a country which is considered a safe country of origin or a safe third country for me, where I will not be at risk of persecution on grounds of race, religion, nationality, membership of a particular social group or political opinion, or as defined in Article XIV(3) of the Fundamental Law of Hungary.							
The country of expulsion is:							
a state where I have my habitual place of residence and that I am allowed to enter with the following permit:							
type and number of the permit: ,							
the/a state of my citizenship,							
a state that I am allowed to enter with the following permit:							
type and number of the permit: ,							
I am aware that if my residence permit ceases to be valid, the immigration authority will order my expulsion to the country indicated by me and will publish the decision on the website of the immigration authority.							
It is known to me that if I do not comply with the provisions of the decision of expulsion by the deadline specified in the decision, the immigration authority will carry out the expulsion under law enforcement escort and impose a ban on my entry and stay.							
INFORMATION NOTICE							
During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.							