



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



**APPENDIX for an application for a residence permit
(Medical treatment)**

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.

1. Name and place of establishment (i.e. registered address) of the host healthcare institution

name of the healthcare institution:

place of establishment (i.e. registered address) of the healthcare institution:

2. If you are accompanying a minor child of yours or another family member of yours who is unable to take care of/provide for himself/herself, the particulars of the family member accompanied

surname:

forename:

surname at birth:

forename at birth:

date of birth:

year

month

day

place of birth (locality):

country:

citizenship:

degree of relationship:

3. Information about means of subsistence in Hungary

Are the means of the applicant himself/herself?

subistence yes no

provided for the a family member?

applicant by yes no

Name of the family member providing for the applicant's means of subsistence:

Degree of relationship:

Do you have any savings? yes no Amount:

Other additional income/properties or assets as means of subsistence:

INFORMATION NOTICE

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