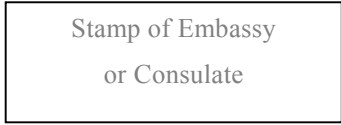


# APPLICATION FOR VISA TO THE REPUBLIC OF HUNGARY



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

1. Family name		<p style="text-align: center;"><b>For Embassy/Consulate use only</b></p> <p>Date of application: .....year.....month.....day</p> <p>Date of filing: .....year.....month.....day</p> <p>File handled by:.....</p> <p><b>Supporting documents:</b></p> <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Residence permit <input type="checkbox"/> Other
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 <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> Private passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay	23. Requested validity of multiple visa? <input type="checkbox"/> six months <input type="checkbox"/> one year
24. Number of entries requested <input type="checkbox"/> Single <input type="checkbox"/> Two <input type="checkbox"/> Multiple	25. Duration of stay Visa is requested for.....days	
26. Have you had any visa application rejected during the past three years ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. In the case of transit, have you an entry permit for the country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: .....year.....month.....day		
Issuing authority:.....		
*28. Have you been expelled from Hungary during your previous stay(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, in.....(year).		

**Visa**

 Refused  
 Granted

Characteristics of visa:

 A  
 B  
 C

Number of entries

 Single  
 Two  
 Multiple

Valid from.....  
to.....

