

II. Data of the travel document or identification document	
21. Type of document:	<input type="checkbox"/> travel document <input type="checkbox"/> identity card
22. Document number:	_____
23. Type of travel document:	<input type="checkbox"/> Private passport <input type="checkbox"/> Service passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Other, namely: _____
24. Country:	Place of issue _____
25. City:	_____
26. Date of issue:	_____ year _____ month _____ day
27. Validity:	_____ year _____ month _____ day
III. Hungarian accommodation	
31. Postal code:	_____
32. City:	_____ District: ____
33. Name of public domain (road, street, square etc):	_____
34. Type of public domain (road, street, square etc):	_____
35. Street number/Topographical number:	_____
	Building: _____ Staircase: _____ Floor: _____ Apartment number: _____
36. Legal ground of reporting accommodation:	<input type="checkbox"/> I declare my ownership of the abovementioned apartment. <input type="checkbox"/> I attach the statement promising a place of abode made by the owner of the flat or the person entitled to use it.
IV. Other data	
41. Do you have full health insurance for the duration of your stay in Hungary?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I cover the expenses related to health insurance.
42. To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, leprosy, lues, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
43. If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you take part in obliged and permanent therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I declare that the data written above are in accordance with the real facts.	
Date: _____	_____ Signature

For official use only

I assign the issue of the registration certificate.

Date:

.....

(Signature, seal)

Number of the issued document: _____

I have received the residence card.

Date:

.....

(Signature)

Fee stamps