

## DATA SHEET

<b>Main Applicant/Spouse/Child<sup>1</sup> If Spouse/Child, the Name of the Main Applicant:</b>	
<b>Family Name</b> (as in passport):	
<b>First Name</b> (as in passport):	
<b>Family Name at birth:</b>	
<b>First Name at birth:</b>	
<b>Mother's Maiden Name:</b> (Mother's Family and First Names at Birth)	
<b>Residing at:</b>	
<b>Place and Date of Birth</b> (as in passport):	
<b>Gender:</b>	
<b>Marital Status</b> (unmarried/married/widow/divorced):	
<b>Citizenship:</b>	
<b>Nationality:</b>	
<b>Passport Number</b> (as in passport):	
<b>Date and place of passport issue</b> (as in passport):	
<b>Type of Passport:</b> (private/official/diplomatic/other)	
<b>Expiry Date</b> (as in passport):	
<b>Occupation:</b>	
<b>Highest Level of Education:</b>	
<b>Occupation Prior to Arrival to Hungary:</b>	
<b>Telephone Number:</b>	
<b>E-mail Address:</b>	
<b>For the period of stay in Hungary do you have full health insurance?</b> (yes/no) <sup>2</sup>	
<b>Has your application for residence permit ever been refused?</b> (yes/no)	
<b>Have you ever been convicted for a crime?</b> If yes, in which country, what kind of crime have you convicted, and what kind of punishment was imposed? (yes/no)	
<b>Have you ever been expelled from Hungary, if yes, when?</b> (yes/no)	
<b>To the best of your knowledge</b> , 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?	

-----  
(signature)

<sup>1</sup> Please underline if the Data Sheet is for the Main Applicant/Spouse or Dependent

<sup>2</sup> There is no requirement to have health insurance but the information has to be indicated.