



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



Notification form for reporting place of accommodation

For completion by the authority.					
The authority receiving the notification form (code and name):					
Date of receipt of the notification form: year month day					
PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.					
Telephone number:			Email address:		
1. Personal data of the applicant					
Surname:			Forename:		
Sex: <input type="checkbox"/> male <input type="checkbox"/> female			Citizenship:		
2. Mother's surname and forename at birth:					
Surname:			Forename:		
3. Date of birth: year month day			4. Place of birth:		
5. Marital status: <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow(er)					
6. Document number and date of expiry of the passport: , year month day					
Document number of the residence permit:					
7. Full address of the place of accommodation					
Postal code:	Parcel identification/land register reference number (topographical LOT no.):	Locality:		Name of the public place:	
type of the public place (i.e. street, road, square, etc.):		Street number:	Building:	Stairway:	Floor: Door:
Legal title of residence in the place of accommodation: <input type="checkbox"/> Owner <input type="checkbox"/> (Sub)tenant <input type="checkbox"/> Family member <input type="checkbox"/> Courtesy user of accommodation					
<input type="checkbox"/> Other, specifically:					
Date:					
Signature(s) of the providers of the place of accommodation			Signature of applicant		