

NATIONAL DIRECTORATE-GENERAL FOR ALIENS POLICING

DECLARATION OF INTENT FOR LODGING AN APPLICATION ON ASYLUM

Form should be filled in preferably in English and legibly!

<u>It is required to present all identity and other relevant documents available at the time of submission!</u>

I. Personal Data

Surname/Family name	
Forename/First name	
Sex (male/female):	
Previously used other names if applicable*	
Nationality:	
Former nationality if applicable:	
Country of birth:	
Place of birth:	
Date of birth:	
Mother's name:	
Father's name:	
Address:	
1. Data of personal document* (type of document, issue number, the issuing authority, validity):	
2. Data of personal document* (type of document, issue number, the issuing authority, validity):	
Ethnic group:	

•	• • •	• •	 •	•	•	• •	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	 •	•	•	•		•	•	•	•	•	•	•	•	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	 •	•	•
																								Ç	i	i	o	51	n	1	ด	1	h	n	n	r	ı	•																				

Religion:	
Education:	
Profession:	
Mother tongue:	
Language(s) spoken/ under- stood	
Phone number/correspondence address:	
All fields must be completed. Find ment is available or field is applicable.	Fields marked with an asterisk (*) must be completed if docu- the contained data are known, or the
II. Questionnaire	
	ember living in an EU+ member state ¹ ? If Yes, please indiprename(s) of your family member(s), their nationality and EU+ member state.
Yes:	
□ No.	
	Y EU+ member state(s)? If Yes, please indicate the purpose opened and to which member state(s)?
□No.	
¹ The EU+ shall be understood as mean Liechtenstein and the United Kingdon	ning all member states of the EU, including Norway, Iceland, Switzerland, n.
•••••	•••••

signature

3.	have crossed during your route from your country of origin to the host country of the present Embassy, and please indicate the period(s) of time spent in these coun-
	tries ²
An	swer:
4.	Please, indicate the modes of transport used by you during your route and name the country where you have used them 2
An	swer:
	Did you have any help with your travel? Did anybody assist/help you during your route or/and at the border crossing(s)? If yes, please indicate how. ² Yes:
	103.
	No.
6.	Have you ever applied for asylum in another country? If Yes, it is obligatory to provide all relevant information of your previous asylum application: country and place of application, personal data used, result of your application, etc.
	Yes:
	ll in only if applicable: do not fill in if you intend to submit your form at the Embassy hosted of your country origin and you reside in this country.

signature

□ No.	
earn f	re have you been living recently? What do you do and how much money do you for a living? Has anybody assisted you with the establishment of your residence, ng with the authorities or the submission of this form?
Answer:	
	you ever committed any kind of crime in your country of origin, or in the couns) you crossed during your route?
☐Yes:	
\square No.	
	you ever been detained for committing a crime? Have you ever been detained by other reason?
☐Yes:	
\square No.	

Yes:	
□ No.	
11. Have you served in military service? If yes, when, what w	vas your rank?
Yes:	
12. Have you ever been a member of a law enforcement agenta police-state organization/armed organization?	acy, an intelligence service or
Yes:	
□ No.	
13. Have you ever taken part in an armed conflict or war?	
Yes:	
14. Have you ever been a member of a terrorist organization	or a separatist movement?
Yes:	
□ No.	

signature

15. Have you ever been a member of a political party or organization? If Yes, when and in which party/organization?							
Yes:							
□No.							
16. Have you ever been in contact with armed, extremist groups or organizations? Yes, whit which organization(s) and what kind of connection did you have?							
Yes:							
□No.							
17. What property, cash and cash equivalents do you possess? Answer:							
18. Do you have any kind of health problem or/and addiction?							
Yes:							
\square No.							
19. Do you suffer from any contagious disease(s)?							
Yes:							
\square No.							
signature							

III. What is/are your reason(s) for seeking asylum? (You can mark all of those concern you)
☐ I had/have race-related problems in my country of origin.
☐ I had/have nationality-related problems in my country of origin.
☐ I had/have religion-related problems in my country of origin.
☐ I had/have political opinion-related problems in my country of origin.
☐ I had/have problems based on sexual orientation/gender-related problems in my country of origin.
☐ My country of origin, either in whole or in part, is not safe country because of an armed conflict.
☐ I had/have family problems in my country of origin.
☐ I had/have economic and livelihood-related problems in my country of origin.
☐ I have other problems, please specify:
20. What do you know about Hungary? Why would you like to submit an asylum application in Hungary? If your application for asylum was approved by Hungary what would be your plan? 21. If your application for asylum was denied in Hungary, would you leave voluntarily the territory of the European Union?
Yes.
□ 1 es.
signature

IV. Other declarations
·
V. List of documents (in copy)
,
"By signing this declaration of intent, I clearly endorse the Hungarian authorities involved in
my case to store and use my personal data in order to Hungary decide whether can accept my application for asylum for further consideration or not."
Place and date:
Please, remember all the pages of this declaration of intent must be signed by you!
rease, remember an the pages of this declaration of intent must be signed by you.
signature



NATIONAL DIRECTORATE-GENERAL FOR ALIENS PO-LICING

SUPPLEMENTARY FORM FOR FAMILY MEMBER(S)-DECLARATION OF INTENT FOR LODGING AN APPLICATION ON ASYLUM

I. Personal Data

Family relationship with the main applicant (such as: wife, child etc.)	
Surname:	
Forename:	
Sex (male/female):	
Surname(s) and forename(s), name(s) at birth and if appli- cable, previously used names and any aliases	
Nationality:	
Former nationality if applicable:	
Country of birth:	
Place of birth:	
Date of birth:	
Mother's name:	
Father's name:	
Address:	
1. Data of personal document* (type of document, issue number, the issuing authority, validity):	
2. Data of personal document* (type of document, issue number, the issuing authority, validity):	

•••••	••
signature	

Ethnic group:							
Religion:							
Education:							
Profession:							
Mother tongue:							
Language(s) spoken/ under- stood							
Phone number/e-mail number/ other:							
All fields must be completed. If when the document is available	Fields marked with an asterisk (*) must be completed in case or data it contains are known.						
If you want your family member supplementary form for each	bers be to be regarded with your case, you must fill in this of your family members!						
"Signing this form (supplementary form), I give my consent to the processing my personal data by the Hungarian authorities concerned."							
Done/Date:							

signature