

**DECLARATION TO UNDERTAKE VOLUNTARY LEAVE IN CASE OF HAVING THE  
RESIDENCE PERMIT APPLICATION REJECTED**

(PLEASE WRITE IN PRINTED CAPITAL LETTERS, underline where required)

**Family name** (as in passport):

**Given name** (as in passport):

*Former family name:*

*Former given name:*

**Mother's maiden name:**

**Sex:**    male            female

**Marital status:**    single            widow            married            divorced

**Place and date of birth:**

Country:

City:

Day

Month

Year

**Citizenship:**

Nationality(not compulsory):

**Last address abroad**(other than Hungary):

**Passport number:**

Place and date of issue:

Validity:

Type of passport:    private    service    diplomatic    other:

In the event that my residence permit application is rejected, and that rejection becomes legally binding and enforceable, I agree that I will voluntarily leave the territory of the European Union.

Yes

No

Date:

Signature: