

**Embassy of Hungary**

To be completed in connection with visa application by the applicant

Applicant's surname and first name		
Date of submission of the visa application to the Embassy		
	Yes	Missing
Visa application form completed properly and signed	<input type="checkbox"/>	<input type="checkbox"/>
One colour passport photo size 35x45mm	<input type="checkbox"/>	<input type="checkbox"/>
Passport valid 3 months beyond the trip issued within 10 years, with 2 blank pages or Temporary Passport with copy of ID	<input type="checkbox"/>	<input type="checkbox"/>
Copy of flight ticket for the whole trip	<input type="checkbox"/>	<input type="checkbox"/>
Itinerary of the entire trip (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Hotel Reservation (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of financial means/Bank statement for last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Employment letter/Letter from school (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Travel/Medical insurance for the period in Schengen including covering dates and amount of 30.000 EUR (In English)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Children under 18: unabridged birth certificate. If the child is traveling alone: certified parental consent</b> by both parents. If the child travels with only one parent, the other parent must provide a notarized/certified consent. (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of property and/or car (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Pension slip for a year (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Payment or salary slip (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Social insurance contribution (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Relationship proof e.g., marriage, children (In English)	<input type="checkbox"/>	<input type="checkbox"/>
Company or school consent for travelling (In English)	<input type="checkbox"/>	<input type="checkbox"/>

Date

Applicant's signature:.....