



WASHINGTON, DC

# Visa Requirements HUNGARY

## Required Documents Checklist

**ALL TRAVELERS must include the following documents in your package to G3:**

- Your original valid signed passport. It must have two blank visa pages facing each other and more than six months before expiry.
- Non-US citizens must provide their original Alien Registration Card (A.R.C.) or U.S. Visa and original I-94.
- One completed and signed visa application form (attached).
- One passport-style (2"x2") photograph taken within the last 6 months, on photo paper and with a plain white background.
- Completed, signed and notarized Letter of Authorization (attached) allowing G3 to submit your visa request.
- Copy of flight itinerary.
- Copy of hotel reservations. Please note that the dates must match the dates on the flight itinerary.
- Proof of international health insurance with a minimum coverage of \$50,000.
- Recent bank or credit card statement showing the availability of at least \$50 per day for the duration of your trip. Account numbers may be blacked out to protect your privacy; do not obscure any other information.

**BUSINESS TRAVELERS must also include:**

- A business letter from their U.S. company. This letter must explain the purpose of the trip and provide a financial guarantee. It must be on letterhead and signed by a representative of the company other than the applicant. A sample is attached.
- A letter of invitation from the organization to be visited in Hungary; a sample is attached.

### NOTES:

Schengen visas are issued by, and are valid for, the following countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland. You must apply at the consulate of your main destination.

Send all required documents and the completed Traveler Information form to G3 using a service with tracking such as FedEx or UPS.

## Applicable Fees

### Embassy Fees for Visa Processing

Visa Type	4 Business Days	7 Business Days	10 Business Days
Single Entry	\$145.00	\$120.00	\$98.00
Double Entry (with approval)	\$145.00	\$120.00	\$98.00

### G3 Processing Fees

Visa Type	4 Business Days	7 Business Days	10 Business Days
Tourist	\$90.00	\$70.00	\$60.00
Business	\$100.00	\$80.00	\$60.00
Transit	\$90.00	\$70.00	\$60.00



Concierge Level Service Requested  
*An additional service fee of \$50 per visa will apply.*

# Visa Order Form

## HI B; 5FM

### Traveler Information

1. Traveler Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

2. Traveler Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

### Travel Details

Date of US Departure: \_\_\_\_\_  
 I must have my passport no later than: \_\_\_\_\_

Other visas or passport services requested:  
 \_\_\_\_\_

### Shipping and Contact Information

*This must be a physical address for FedEx delivery; no P.O. Boxes.*

Contact Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Apt. /Suite: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
*Please provide an email address so we may send you shipping and status updates.*

### Return Shipping

*Passports will be returned via Federal Express.*

**Select One:**

<input type="checkbox"/> 3 Business Day Delivery	\$16.00
<input type="checkbox"/> Standard Overnight Delivery	\$25.00
<input type="checkbox"/> 8 AM Delivery**	\$80.00
<input type="checkbox"/> Saturday Delivery**	\$40.00
<input type="checkbox"/> Same Day Delivery**	Please Call
<input type="checkbox"/> International Delivery**	Please Call

*\*\*These services may not be available for all delivery locations.*

### Concierge Level Service

Check here to select Concierge Level Service

G3's exclusive Concierge Level Service includes:

- Dedicated Concierge Level Staff handling your visa request.
- Document review via email before you send in your request.
- Creation of online visa applications (as applicable).
- Personal telephone call confirming package receipt in G3's office.
- Personal telephone calls confirming visa completion and delivery details.
- Tracking of return delivery and follow-up to ensure satisfaction.
- Creation of FedEx airbills for inbound packages to G3 (shipping fees apply).
- Upgrade of FedEx return delivery from Standard to Priority Overnight.
- Emergency Concierge Services and Lost Passport Support.
- Dedicated Concierge email and emergency page number.

*An additional fee of \$50.00 per visa will apply to Concierge Level Service requests. Please see the "About G3 Visas" page on [www.g3visas.com](http://www.g3visas.com) for a description of G3's standard service offering.*

### Send This Form and All Required Documents To:

**G3 Washington, DC:** 703.276.8472 Phone  
 888.883.8472 Toll Free  
 703.524.3374 Fax  
[info@g3visas.com](mailto:info@g3visas.com)

**Attn: Visa Department**  
 3300 N Fairfax Drive  
 Suite 220  
 Arlington, VA 22201

[www.g3visas.com](http://www.g3visas.com)

G3 Visas & Passports, Inc. acts on the behalf of the client, and cannot be held liable for the services rendered by U.S. Government agencies, Post Offices, Travel Agents or other entities in connection with visa/passport processing. G3 disclaims any liability for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.

### Payment Information

Please see the attached visa requirements sheet for applicable embassy and G3 processing fees.

**Select Payment Type:**

Credit Card       Check (company or certified)  
 Approved Billing Terms

Billing, P.O., Project or Reference Code # \_\_\_\_\_

### Total Fees from Visa Requirement Sheet:

	Fee	x # of Travelers	=	Total
Embassy Fee	_____	x _____	=	_____
G3 Processing Fee	_____	x _____	=	_____
Concierge Level Service (Optional)	_____	x _____	=	_____
Shipping Fee	_____		=	_____
			Subtotal:	_____
			Add 5% fee for credit card processing:	_____
			<b>Total Payment Enclosed:</b>	_____

### For Payment Via Credit Card:

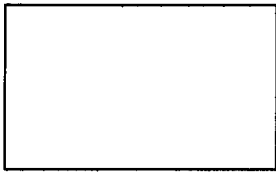
*American Express, Discover, MasterCard and Visa only*

Name as it appears on card: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Security Code: \_\_\_\_\_  
(Discover, MasterCard or Visa: 3 digit code on back of card; American Express: 4 digit code on front of card.)

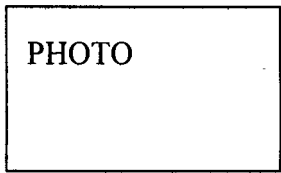
Cardholder Signature: \_\_\_\_\_

**ANNEX I**

Harmonised application form <sup>1</sup>



**Application for Schengen Visa**



This application form is free.

1. Surname (Family name) (x)				FOR OFFICIAL USE ONLY.  Date of application:  Visa application number:  Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Határ  Name  <input type="checkbox"/> Other  File handled by:  Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:  Visa decision: <input type="checkbox"/> Refused  <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid: from..... until.....  Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days			
2. Surname at birth (Former family name(s)) (x)							
3. First name(s) (Given name(s)) (x)							
4. Date of birth (day-month-year)		5. Place of birth				7. Current nationality	
		6. Country of birth				Nationality at birth, if different:	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other ((please specify))					
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian							
11. National identity number, where applicable							
12. Type of travel document  <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport  <input type="checkbox"/> Other travel document (please specify)							
13. Number of travel document		14. Date of issue				15. Valid until	
				16. Issued by			
17. Applicant's home address and e-mail address				Telephone number(s)			
18. Residence in a country other than the country of current nationality  <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent ..... No..... Valid until							
* 19. Current occupation							
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.							
21. Main purpose(s) of the journey:  <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit  <input type="checkbox"/> Medical reasons  <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)							

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days	

\* The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to .....		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes. ..... Date, if known		
28. Entry permit for the final country of destination, where applicable Issued by ..... Valid from ..... until .....		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area	
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)		Telephone and telefax
*32. Name and address of inviting company/organisation		Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation		

*33. Cost of travelling and living during the applicant's stay is covered	
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Hitelkártya <input type="checkbox"/> Pre-paid accommodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)

34. Personal data of the family member who is an EU, EEA or CH citizen		
Surname		First name(s)
Date of birth	Naionality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen		
<input type="checkbox"/> spouse <input type="checkbox"/> child ..... <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian)

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field no 24):  
I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS)<sup>1</sup> for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: [Bevándorlási és Állampolgársági Hivatal – 1117 Budafoki út 60.; Telefon:+36 (1) 463 9100].

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [contact details] will hear claims concerning the protection of personal data. [Adatvédelmi Biztos Irodája – 1051 Budapest Pf. 40.; Telefon: +36 (1) 475 7100; e-mail: adatved@obh.hu] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian):
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<sup>1</sup> Insofar as the VIS is operational.

# G3 Letter of Authorization

Consulate General of Hungary

Date: \_\_\_\_\_

Dear Consular Officer:

I, \_\_\_\_\_ hereby authorize a representative of G3 Visas & Passports to submit my visa application, discuss its status and retrieve it upon completion.

I intend to depart the United States on \_\_\_\_\_

Thank you for your assistance with my application.

\_\_\_\_\_  
Signature of Applicant  
This signature must be NOTARIZED

## **G3 Visas & Passports US Offices**

Washington DC Office  
3300 North Fairfax Drive  
Suite 220  
Arlington, VA 22201  
Tel : 703.276.8472  
Fax : 703.524.3374  
Email: [info@g3visas.com](mailto:info@g3visas.com)

Chicago Office  
11 East Adams  
Suite 1605  
Chicago, IL 60603  
Tel : 312.704.8472  
Fax: 312.704.8150  
Email : [chicago@g3visas.com](mailto:chicago@g3visas.com)

Miami Office  
80 SW 8<sup>th</sup> Street  
Suite 2250  
Miami, FL 33130  
Tel : 305.285.9255  
Fax : 305.859.8007  
Email : [miami@g3visas.com](mailto:miami@g3visas.com)

[www.g3visas.com](http://www.g3visas.com)

# Sample Business Letter from U.S. Company

\*\*\*\*\*Please print your business letter on company stationery\*\*\*\*\*

June 1, 2011

Consulate General of (*Country you are traveling to*)

Consular Section

Dear Visa Officer,

Jeremy Simmons (*Insert your name*), Vice President (*Insert your position*), International Public Policy, East Coast Promotions, Inc. (*Insert the name of your company*) is planning a business trip to (*Country you are traveling to*) on Monday, August 3 through August 17 (*Dates of your trip*). During this trip he has scheduled meetings to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford (*Insert Name of Contact*) at:

Overseas Company Name  
Street Address  
City, Country Zip code  
Telephone number

*(It is important to indicate which company and individual you are going to visit.)*

East Coast Promotions, Inc. (*Insert Company Name*) will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in (*Country you are traveling to*).

He requests that you issue a (*insert type and duration of visa*) visa. I appreciate your attention to this matter.

Sincerely,

Barry G. Hart (*Please have someone other than the applicant sign this letter.*)  
Senior Vice President  
East Coast Promotions, Inc.

# Sample Business Invitation Letter from Overseas Company

\*\*\*\*\*Please print your business letter on company stationery\*\*\*\*\*

June 1, 2011

Consulate General of (*Country you are traveling to*)

Consular Section

Dear Visa Officer,

We are cordially inviting Jeremy Simmons (*Insert your name*), Vice President (*Insert your position*), International Public Policy, East Coast Promotions, Inc. (*Insert the name of your company*) to visit (*Country you are traveling to*) on Monday, August 3 through August 17 (*Dates of your trip*). During this trip he will meet with our company to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford (*Insert Name of Contact*) at:

Company Name

Street Address

City, Country Zip code

Telephone number

*(It is important to indicate which company and individual you are going to visit.)*

East Coast Promotions, Inc. (*Insert Company Name*) will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in (*Country you are traveling to*).

We request that you issue a (*insert type and duration of visa*) visa. I appreciate your attention to this matter.

Sincerely,

John P. Smith

Executive Officer

Overseas Company, Inc.