



# EXPATRIATES UNIT STUDY RESIDENCE APPLICATION FORM NEW/RENEWAL

(This application is being submitted on the basis of the provisions of Free Movement of EU nationals and their Family Members Order (Subsidiary legislation 460.17) and/or Immigration Regulations (Subsidiary legislation 217.04))

EU National     EEA National     Swiss National

## 01 APPLICANT'S PERSONAL DETAILS

**Surname**

**Name**

**Maiden Surname**  
(If applicable)

**Registration Certificate No.**  
(If applicable)

**Current Nationality**

**Nationality at Birth**

**Country of Birth**

**Place of Birth**

**Marital Status**     Single     Married     Separated     Divorced     Widowed     Cohabitant

**Gender**     Male     Female     Other

**Date of Birth**

**Telephone No.**

**Mobile No.**

**Email Address**

**Travel Document Type**     Passport     Foreign ID     Other (Specify)

**Travel Document No.**

**Country of Issue**

**Date of Issue**     **Valid Until**

## 02 ADDRESS IN MALTA

**Property No./Name**

**Street Name**

**Locality**     **Post Code**

### 03 PERMANENT ADDRESS ABROAD

|                   |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|--|
| Property No./Name |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |
| Street Name       |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |
| Locality          |  |  |  |  |  |  |  |  |  |  |  |  | Post Code |  |  |  |  |  |  |  |  |  |  |  |
| Country           |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |

### 04 IMMIGRATION DETAILS

|   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of first settlement in Malta                 | D | D | M | M | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intended Duration of stay in Malta                |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country of Residence prior to Settlement in Malta |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Intended Country of Next Settlement               |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### 05 EDUCATIONAL ESTABLISHMENT DETAILS

|                                   |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
|-----------------------------------|------|---|---|---|---|---|---|---|---|----|---|---|-----------|---|---|---|---|---|--|--|--|--|--|--|
| Name of Educational Establishment |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Contact Person                    |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Property No./Name                 |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Street Name                       |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Locality                          |      |   |   |   |   |   |   |   |   |    |   |   | Post Code |   |   |   |   |   |  |  |  |  |  |  |
| Telephone No.                     |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Mobile No.                        |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Email Address                     |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Institution Licence Number        |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Course Title                      |      |   |   |   |   |   |   |   |   |    |   |   |           |   |   |   |   |   |  |  |  |  |  |  |
| Duration                          | From | D | D | M | M | Y | Y | Y | Y | To | D | D | M         | M | Y | Y | Y | Y |  |  |  |  |  |  |

## 06 DECLARATION BY THE APPLICANT

I hereby solemnly declare that the information given in this application is true to the best of my knowledge and belief and that no details have been omitted that could be of direct importance when the application is considered.

Applicant's Signature \_\_\_\_\_

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### SUPPORTING DOCUMENTS

The original version of all documents submitted with this application must be presented at the time of the biometrics appointment.

Documents submitted must be in line with the latest published Policy by Identità, establishing the standards for the recognition of foreign public documents.

- Original and copy of passport/Foreign Identity Card (bio data page only);
- Original and copy of letter of acceptance from the educational establishment;
- Original and copy of the comprehensive health insurance or entitlement certificate, that will cover the individual for 1 year in Malta (if the educational establishment is University of Malta, MCAST, ITS or Junior College or Higher Secondary, this requirement is not needed);
- Original and copy of declaration of proof of sufficient and stable financial means of subsistence, which subsistence may not be derived from social benefits. Proof may also include a signed declaration of financial support from a relative, which declaration must include full address, e-mail address and contact number of the said relative.

**NOTE: Original documents must be presented upon appointment and will be returned to the applicant;  
Copies must be uploaded on the online portal together with the application form;  
The Department reserves the right to request any other additional document to process the application.**

### NOTES TO APPLICANT

- 01** EU and EEA and their family members who have been residing in Malta for more than 3 months should apply immediately for a registration certificate/residence card. This documentation is issued pursuant to the provisions of Directive 2004/38/EC as implemented in Maltese legislation by means of Subsidiary legislation 460.17. For this purpose they are required to submit an application for residence documentation.
  - 02** Swiss nationals and their family members, who have been residing in Malta for more than 3 months, should apply immediately for a residence permit. For this purpose they are also required to submit an application for residence documentation.
- Further information can be accessed on [www.identita.gov.mt](http://www.identita.gov.mt).
- 03** Only one application for residence permit for a specific purpose of stay may be considered at any one time.
  - 04** All required documents should be enclosed with an application. English or Maltese translation of documents are required, if applicable. All photocopies are to be provided by the applicant.
  - 05** Applications in respect of minors, that is, persons who are still under 18 years of age, are to be submitted and signed by the parent/s or a person who has guardianship of the child. The relative documentation attesting the said authority over the child would have to be submitted.
  - 06** Persons concerned are being reminded that, without prejudice to any legal action that may be taken against them if false information is deliberately given, this would lead to the rejection of the application.
  - 07** Application fee, if applicable, is to be paid in full upon application and is not refundable.

**IDENTITÀ**  
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Version 2 dated 08/06/2023

**IDENTITÀ / EXPATRIATES UNIT**