



EXPATRIATES UNIT FAMILY REUNIFICATION (S.L.217.06) RENEWAL APPLICATION FORM

(To be filled in by persons who are not nationals of an EU Member State, Iceland, Liechtenstein, Norway or Switzerland)

APPLICABILITY

Sponsor must hold a residence permit valid for at least one year, has been legally residing in Malta for at least two years, and has reasonable prospects of obtaining the right of permanent residence.

The sponsor must meet the criteria of Subsidiary Legislation 217.06 <https://legislation.mt/eli/sl/217.6/eng>

For the purpose of this form, the applicant is the sponsor, i.e. the third country national who is already in Malta and applying for his/her family to join.

Family members are defined as:

- i. The sponsor's spouse who shall be twenty-one years of age, in the event of a polygamous marriage where the sponsor already has a spouse living with him in Malta, family reunification of a further spouse shall not be authorized;
- ii. The unmarried minor children of the sponsor and/or the spouse, including children adopted in a manner recognized by Maltese law (children who are born in Malta do not fall within the scope of this application);
- iii. The unmarried minor children, including adopted children, of the sponsor or the spouse where one of the parents has custody and the children are dependent on that parent (children who are born in Malta do not fall within the scope of this application).

01 PERSONAL DETAILS OF FAMILY MEMBER

Residence Permit No.	<input type="text"/>	A	
Date of Issue	<input type="text"/>	Valid Until	<input type="text"/>
Surname	<input type="text"/>		
Name	<input type="text"/>		
Maiden Surname <small>(If applicable)</small>	<input type="text"/>		
Current Nationality	<input type="text"/>		
Nationality at Birth	<input type="text"/>		
Country of Birth	<input type="text"/>		
Place of Birth	<input type="text"/>		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitant		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Date of Birth	<input type="text"/>		
Telephone No.	<input type="text"/>		
Mobile No.	<input type="text"/>		
Email Address	<input type="text"/>		
Travel Document Type	<input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID <input type="checkbox"/> Other (Specify) <input type="text"/>		
Travel Document No.	<input type="text"/>		
Country of Issue	<input type="text"/>		
Date of Issue	<input type="text"/>	Valid Until	<input type="text"/>
Period of time that will be spent residing in Malta during each calendar year within the validity of the permit	<input type="text"/>	days / months	

02 PERSONAL DETAILS OF SPONSOR GRANTED RESIDENCE IN MALTA

Residence Permit No.	<input type="text"/>	A
Surname	<input type="text"/>	
Maiden Surname (If applicable)	<input type="text"/>	
Name	<input type="text"/>	
Relationship of the family member to the sponsor	<input type="checkbox"/> Spouse of the sponsor (over 21 years of age) <input type="checkbox"/> Minor child of the sponsor (under 18 years of age)	
Type of Permit	<input type="text"/>	
Date of Issue	<input type="text"/>	Valid Until <input type="text"/>
Intended Duration of stay in Malta	<input type="text"/>	
Intended Country of Next Settlement	<input type="text"/>	
Total number of family members subject to this family reunification application	<input type="text"/>	
Total family members that may be subject to a family reunification application	<input type="text"/>	
Are any of them legally present in Malta?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

03 ADDRESS IN MALTA

Property No./Name	<input type="text"/>	
Street Name	<input type="text"/>	
Locality	<input type="text"/>	Post Code <input type="text"/>

04 PERMANENT ADDRESS ABROAD

Property No./Name	<input type="text"/>	
Street Name	<input type="text"/>	
Locality	<input type="text"/>	Post Code <input type="text"/>
Country	<input type="text"/>	

05 DECLARATION BY THE APPLICANT AND THE FAMILY MEMBER

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.

Sponsor's Signature	_____	Date	<input type="text"/>
Family Member's Signature	_____	Date	<input type="text"/>

06 DECLARATION BY THE LANDLORD

I, hereby, declare that the applicant, whose details are shown above, is residing in the address shown in SECTION 01 of the application form, which is owned or managed by the undersigned. I also declare that I will notify Identità should the applicant cease to continue residing at this address.

Name of landlord
(IN BLOCK LETTERS)

ID Card No.

Mobile No.

Number of Persons Residing in this Residence

Address of Landlord

Post Code

Email Address

Landlord's Signature

Date

CHECKLIST FOR THIRD-COUNTRY NATIONALS RESIDING IN MALTA TO BE JOINED BY THEIR RELATIVES

- [SUBSIDIARY LEGISLATION 217.06]

The sponsor will be contacted with a date of appointment. The original version of all documents submitted with this application must be presented at the time of this appointment.

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

- A copy of the sponsor's Maltese residence permit;
- Evidence of stable and regular resources of the sponsor, equivalent to, at least, the average wage in Malta with an addition of another twenty percent income or resources for each member of the family who will be the subject of the family reunification application;
- Evidence of accommodation regarded as normal for a comparable family in Malta which meets the general health and safety standard in force in Malta, by means of an architect attestation, provided that this was not submitted previously;
- Copy of the lease agreement;
- Copy of the approval letter from the Housing Authority that the lease agreement has been registered;
- A copy of the health insurance plan for the applicant and the family member or proof of national insurance payments for the preceding six (6) months or more;
- For children aged 18 and older, proof of health insurance;
- Where passport has not been changed since first time application, copy of the residence document and the bio page of the family member. If the passport of the family member has changed, copy of all passport is required as well as a copy of the residence document;
- When a child between the ages of 5 and 16 is subject to this application, a copy of a letter signed and stamped by the Head of School or another Education attesting to the child's enrolment in school is required;
- Where the family member is a minor:
 - i. where the sponsor has sole custody, legal proof of care and full custody is required;
 - ii. where the custody is shared a signed agreement of the other parent's concession is required.

Health Screening: Guidance regarding documentation to be provided in this respect can be found on https://hpd.gov.mt/idcu/health_screening/family_reunification

This is without prejudice for the Agency to request further documentation as the case may be.

NOTES TO APPLICANTS

Documents in a foreign language must be translated to Maltese or English by a translator registered with the Maltese authorities.

Identità retains certified/apostilled copies of the said documents where original documentation would not be possible to retain. Family members must present the original documents once they are in Malta.

Identità and other related stakeholders reserve the right to request any further documentation that they may deem necessary in the evaluation process of the application.