



APPLICATION FOR A RENEWAL OF SPECIFIC RESIDENCE AUTHORISATION																										
01 PERSONAL DETAILS OF APPLICANT																										
Specific Residence Authorisation No.:	:																									
Date of Issue:	D	D	M	M Y	Y	Y	Υ								Va	lid	Un	til:	D	D	М	М	Υ	Υ	Υ	Υ
Surname:																										
Name:																										
Middle Name (if applicable):																										
Sex:		Mo	ale	[Ferr	nale	•		Ot	the	er														
Date of Birth:	D	D	м	MY	Y	Υ	Υ																			
Telephone No:																										
Mobile No:																										
Email:		1																								
																										l
Current Nationality:																										
Current Nationality: Nationality at Birth:																										
Current Nationality:																										

Signature of Applicant

Date:

You are being reminded that if any declaration or statement or information provided is false or incorrect, you will be liable to criminal responsibility in accordance with Articles 188 and 189 of the Criminal Code (Chapter 9 of the Laws of Malta) and Article 32 of the Immigration Act (Chapter 217 of the Laws of Malta) as well as any other law or regulation which may be in force at the time of the unlawful declaration.

02 ADDRESS IN M	2 ADDRESS IN MALTA																						
Property No.																							
Property Name																							
Street Name																							
Locality																							
Postal Code																	·				 		

DECLARATION BY THE LANDLORD <u>n z</u>

I, hereby, declare that the applicant, whose details are shown above, is residing in the address shown in PART I 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 reside at this address.

Name of landlord (IN BLOCK LETTERS)																															
ID. card no.																															
Mobile No.																															
Number of Persons Res	sidi	ng	in	th	is I	Res	side	enc	е																						
Landlord's Address																															
Email address																															
Signature of Landlord																					C	Dat	e:	D	D	1	4	Y	Y	Y	Y
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Jobs Plus employment history and the applicant's last three (3) pay slips;

- FSS Payee Statement of Earnings (FS3);
- VAT certificate (applicable for self-employed persons);
- SSC receipts and Profit and Loss statement certified by warranted accountant (self-employed persons);
- Proof of continuous residence in Malta;
- Lease agreement;
- 'I Belong' Certificate or proof of application to the 'I Belong' course;
- A copy of the approval letter from the Housing Authority that the lease agreement has been registered.

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Triq il-Wied, L-Msida, MSD 9020, MALTA **T** +356 2590 4000 W www.identia.gov.mt E enquiries.identita@gov.mt

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