



EXPATRIATES UNIT

APPLICATION FOR A RENEWAL OF SPECIFIC RESIDENCE AUTHORISATION

01 PERSONAL DETAILS OF APPLICANT

Specific Residence Authorisation No.: [grid]

Date of Issue: [DDMMYYYY] Valid Until: [DDMMYYYY]

Surname: [grid]

Name: [grid]

Middle Name (if applicable): [grid]

Sex: [] Male [] Female [] Other

Date of Birth: [DDMMYYYY]

Telephone No: [grid]

Mobile No: [grid]

Email: [grid]

Current Nationality: [grid]

Nationality at Birth: [grid]

Country of Birth: [grid]

Place of Birth: [grid]

Marital Status [] Single [] Married [] Separated [] Divorced [] Widowed [] Cohabitant

Signature of Applicant _____

Date: [DDMMYYYY]

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 MALTA

Property No. [grid]

Property Name [grid]

Street Name [grid]

Locality [grid]

Postal Code [grid]

