



EXPATRIATES UNIT
ECONOMIC SELF SUFFICIENCY
RESIDENCE APPLICATION FORM

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

Applications, when submitted whilst the person is in Malta, will be accepted only if such person is covered by an authorization of stay in Malta

01 APPLICANT'S PERSONAL DETAILS

Residence Permit No. **A**

Date of Issue **Valid Until**

Surname

Name

Maiden Surname
(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**

Is the family member of the sponsor already present in Malta? Yes No

If yes, indicate date of first entry

Period of time that will be spent residing in Malta during each calendar year within the validity of the permit days / months

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 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
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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

D	D	M	M	Y	Y	Y	Y
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Date

SUPPORTING DOCUMENTS

This application form caters for those persons whose purpose of residence in Malta is on an economically self-sufficient basis. This includes persons who qualify under the 'Malta Permanent Residence Programme', the 'Global Residence Programme', the 'Malta Retirement Programme' and other relevant residence schemes in force at the time of application. Primarily, this includes persons who qualify under the 'Malta Permanent Residence Programme' and the 'Global Residence Programme' which is designed to attract persons who are not national of the EU, EEA or Switzerland and who are not long-term residents.

Applications must be submitted by the applicant in person whilst in Malta. Applicants are required to fill in the relevant forms which must include all the required information, contact details, dates and signatures. This must be done before the expiry of the authorisation to stay in Malta.

First Time Applicant

- Full copy of Passport, including all blank pages;
- Proof of legal status in Malta;
Proof of accommodation as shown hereunder;
 - A copy of the Lease agreement signed by both landlord and tenant, which must include the full name, ID Card number of landlord, rental address. The name of the tenant must match the name on the passport.
If the Landlord is not Maltese, a purchase agreement of the same premises must be presented.
 - A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per Chapter 604 of the Laws of Malta;
- A copy of the Certificate from the Commissioner for Revenue showing that the applicant satisfies the criteria stipulated in the applicable law;
- A copy of the Comprehensive Health Insurance Policy;

Renewal

- Where the passport presented upon initial application has been changed, a full copy of the applicant's passport
- including the blank pages is required. Otherwise, copy of the passport's biometric page.
Proof of accommodation as shown hereunder;
 - A copy of the Lease agreement signed by both landlord and tenant, which must include the full name, ID Card number of landlord, rental address. The name of the tenant must match the name on the passport.
If the Landlord is not Maltese, a purchase agreement of the same premises must be presented;
 - A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per Chapter 604 of the Laws of Malta;
- A copy of the Certificate from the Commissioner for Revenue showing that the applicant satisfies the criteria stipulated in the applicable law;
- A copy of the Comprehensive Health Insurance Policy;
- A copy of a recent declaration issued from Inland Revenue is to be presented confirming that applicant still satisfies the criteria for the Special Tax Programme.

NOTES TO APPLICANTS

All documentation listed above must be presented in English or Maltese. All presented translations of official documents are to be apostilled by the Foreign Affairs if applicable.

All supporting documentation must be presented in original format. The Department retains a copy of the above-mentioned list of documents.

Identità reserves the right to request additional documents before the application could be processed.