



**EXPATRIATES UNIT  
INTRA CORPORATE TRANSFER (ICT)  
RENEWAL APPLICATION FORM**

**01** APPLICANT'S DETAILS

Identity Document No. \_\_\_\_\_ **A**

Surname \_\_\_\_\_

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed

Gender  Male  Female  Unspecified

Passport No. \_\_\_\_\_

Date of Issue \_\_\_\_\_ Valid Until \_\_\_\_\_

Date of first settlement in Malta \_\_\_\_\_

Intended Duration of stay in Malta \_\_\_\_\_

Country of Residence prior to Settlement in Malta \_\_\_\_\_

Currently residing in \_\_\_\_\_

Intended Country of Next Settlement \_\_\_\_\_

Address in Malta \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

## 02 DECLARATION BY THE APPLICANT

I, hereby authorise my employer to register on the Identità (Expatriates Unit) Online Application Portal in order to initiate the application process and submit information on my behalf for the processing of the Employment Resident Permit by Identità. I understand that my employer would have direct visibility and can track the Employment Residence Permit process through the Portal. Such visibility shall constitute access to personal information and records submitted in conjunction to the application process and its requirements as may be deemed necessary.

I further understand that in case my Employment Residence Permit application is successful, a VISA application with the respective competent authorities may be further required. In this regard, I further extend my authorisation to my employer to keep track of my Visa Application process and have visibility as to the status of the said application.

I, hereby, declare that:

- the information given in this application is true to the best of my knowledge and belief, and that no details that could be of direct importance during the application's consideration have been omitted;
- I shall notify Identità of any change of address;
- I shall inform Identità within three (3) days of a lost card, providing an official Police Report.

I understand that:

- a. the residence permit being applied for is specific to the employer and designation being declared in this application, and, that, once it is approved, any change to either the employer and/or the designation will require a new application with Identità through the new employer (if applicable);
- b. should my employment be terminated, or should I resign from the employment declared in this application, my residence permit will cease to be valid from the date of such termination/resignation;
- c. unless otherwise regularised through alternative authorisation at the time of any of the changes detailed in a. and b. above, my immigration status would become illegal and I would need to leave Malta or otherwise be in breach of the Immigration Act (Cap 217 of the Laws of Malta).

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

\_\_\_\_\_  
**Date**

## 03 EMPLOYER'S DETAILS

**Employer's/Company's Name** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_

\_\_\_\_\_  
**Post Code** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Responsible Official** \_\_\_\_\_

**Designation of Responsible Official** \_\_\_\_\_

**VAT Registration No.** \_\_\_\_\_

**Employer Registration No.** \_\_\_\_\_

## 04 DECLARATION BY THE EMPLOYER

### Section A

Choose as applicable by ticking box:

**All Applicants (Excluding Health Professionals\*)**

I am hereby endorsing the application for an Employment Residence Permit under S.L 217:17 with reference number

**R** \_\_\_\_\_ .

**Health Professionals\* Only**

I am hereby endorsing the application for an Employment Residence Permit under S.L. 217:17 with reference number

**R** \_\_\_\_\_ .

I confirm that the offer of employment remains the same as per the position description submitted.

The applicant will remain in employment with \_\_\_\_\_  
for a total period of  1 year  2 years  3 years (tick as applicable) with the same conditions of work indicated in the original application.

I confirm understanding that this Residence Permit may only remain valid for the entire period issued, if the relevant Health screening email issued by the IDCU is provided upon the deadline notified by Identità when due.

\*Health Professionals are defined as constituted by the council: <https://deputyprimeminister.gov.mt/en/regcounc/cpcm/Pages/cpcm.aspx>

### Section B

I declare understanding and confirmation, that:

- Employment conditions related to this employment are in line with the Employment and Industrial Relations Act and other applicable laws;
- Any changes to designation or contract will be communicated to Identità on [singlepermit.identita@gov.mt](mailto:singlepermit.identita@gov.mt);
- As soon as the residence permit or a temporary authorisation to work (if applicable) is issued, employment must be registered with Jobsplus as per established employment laws and regulations;
- Termination of employment by either party, must be registered with Jobsplus as per established employment laws and regulations and communicated to Identità via e-mail to [workterminations.identita@gov.mt](mailto:workterminations.identita@gov.mt), within not more than four (4) days from the event taking place;
- Applicant will be provided with a copy of his engagement and termination forms as soon as these are submitted to Jobsplus.

I do hereby affirm and declare that all information and particulars furnished by my end all throughout the application form are true and correct to the best of my knowledge.

\_\_\_\_\_  
*Employer's Signature /  
Responsible Official*

\_\_\_\_\_  
*Seen By Applicant*

\_\_\_\_\_  
*Date*

## 05 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)

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ID Card No.

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Mobile No.

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Number of Persons  
Residing in this Residence

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Address of Landlord

---

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Post Code

Email Address

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Landlord's Signature

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Date

## 06 DECLARATION BY THE APPLICANT FOR AN E-ID ACCOUNT

Tick where applicable

I declare that I wish to proceed with applying for an electronic identity account.

I declare that I do not wish to proceed with applying for an electronic identity account.

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Applicant's Signature

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Date