



EXPATRIATES UNIT SINGLE PERMIT - KEY EMPLOYEE INITIATIVE RENEWAL APPLICATION FORM

01 APPLICANT'S D	TAILS		
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.

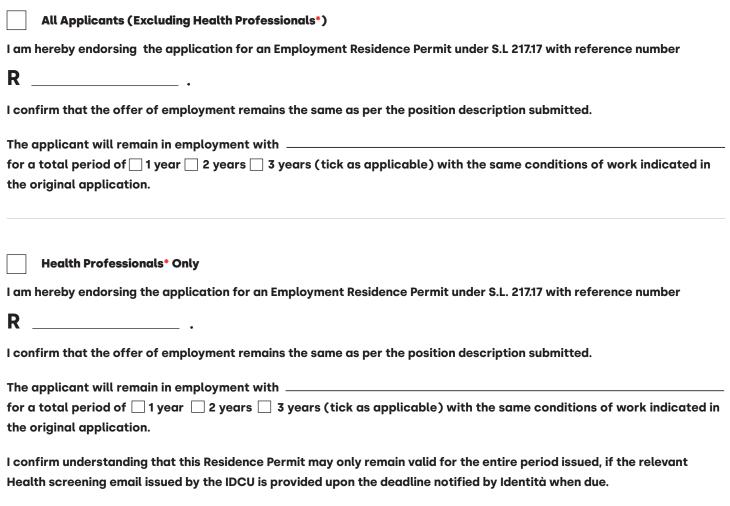
I understand that:

- 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

Choose as applicable by ticking box:



*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;
- 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, 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.

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)	
ID Card No.	
Mobile No.	
Number of Persons	
Residing in this Residence	
Address of Landlord	
	Post Code
Email Address	
Landlord's Signature	Date
06 DECLARATION BY THE APPLICANT FOR AN E-II	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 apply	ng for an electronic identity account.

Applicant's Signature

Date