



**EXPATRIATES UNIT
SPECIALIST EMPLOYEE INITIATIVE
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

Choose as applicable by ticking box:

All Applicants (Excluding Health Professionals*)

I, hereby, confirm that I am endorsing the Specialist Employee Initiative application 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.

Health Professionals* Only

I, hereby, confirm that I am endorsing the Specialist Employee Initiative application 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;
- 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.

*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) _____

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-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.

Applicant's Signature

Date