



**EXPATRIATES UNIT
SELF-EMPLOYED
NEW APPLICATION FORM**

01 APPLICANT'S DETAILS

Identity Document No. _____ **A**

Surname _____

Name _____

Current Nationality _____

Nationality at Birth _____

Country of Birth _____

Place of Birth _____

Marital Status Single Married Separated Divorced Widowed

Gender Male Female Unspecified

Date of Birth _____

Travel Document Type Passport Foreign ID **Other (Specify)** _____

Travel Document No. _____

Country of Issue _____

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, 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 also declare that I shall notify Identità of any change of address.

Applicant's Signature

Date

03 EMPLOYMENT 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. _____

Nature of Business _____

Annual Gross Salary Under €15,000 €15,000 - €30,000 €30,000 +

04 EMPLOYMENT LICENCE DECLARATION

I, hereby confirm that Jobsplus have issued me with an employment licence in order to carry out self-employment activities which licence I am attaching herewith to this application.

I am also committing myself to provide Identità with any relevant information on changes and events related to my employment contract.

I also declare, that such employment is in line with all the applicable laws in Malta.

Applicant's Signature

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