



**EXPATRIATES UNIT  
SINGLE PERMIT - LIVE-IN CARERS  
CHANGE IN EMPLOYER APPLICATION FORM**

**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 all 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 changes.

I am aware that my residence card will be revoked if any information is provided to be incorrect or inaccurate.

You are still in employment with your current employer and no termination request has yet been submitted.

Identità reserves the right to verify with Jobsplus your employment history records.

If you have been terminated, you must ensure that Jobsplus are notified of the termination of your previous employment. In accordance with article 40 of Chapter 594 – Employment Training Services Act, employers are obliged to send the relative termination form to Jobsplus within 4 days from the date of such termination.

Identità reserves the right to verify with Jobsplus your employment history records.

If your previous employer refuses to submit the termination letter as stipulated in Article 40 of Chapter 594 of the Laws of Malta, then you are required to provide a Declaration letter addressed to Identità where you explain your employment case (employment conditions, payments and duration of employment).

I declare that the information provided is correct and I am aware that my residence card will be revoked if any information is provided to be incorrect or inaccurate.

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**Applicant's Signature**

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**Date**

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## 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. \_\_\_\_\_

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## 04 ADDRESS DECLARATION BY THE EMPLOYER AND EMPLOYEE

I, hereby, declare that due to the nature of the work carried out, the applicant whose details are shown above is being accommodated free of charge in my own habitual residence in the address shown in SECTION 01 of the application. I also declare that I will notify Identità should the applicant cease to continue residing at this address.

\_\_\_\_\_  
Employer's Signature

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

\_\_\_\_\_  
Date

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## 05 EMPLOYMENT DETAILS

Job Title \_\_\_\_\_

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

Expected Period of Employment From \_\_\_\_\_ to \_\_\_\_\_

## 06 DECLARATION BY THE EMPLOYER

### Section A

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

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

### 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*

## 07 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*

**IDENTITÀ**  
Triq il-Wied, L-Imsida, MSD 9020, MALTA  
**T** +356 2590 4000  
**W** [www.identita.gov.mt](http://www.identita.gov.mt)  
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