



## EXPATRIATES UNIT FAMILY REUNIFICATION (POLICY) NEW APPLICATION FORM

(To be filled in by persons who are not nationals of an EU Member State, Iceland, Liechtenstein, Norway or Switzerland)

### APPLICABILITY

Sponsor must hold a residence permit valid for at least one year, has been legally residing in Malta for at least one year, and has reasonable prospects of obtaining the right of permanent residence. The sponsor must meet the criteria of the Policy on Family Members of Third-Country Nationals which is accessible from <https://identita.gov.mt/expatriates-unit-non-employment-permits-family-members-policy/>

For the purpose of this form, the applicant is the sponsor, i.e. the third country national who is already in Malta and applying for his/her family to join.

Family members are defined as:

i. The sponsor's spouse who shall be twenty-one years of age, in the event of a polygamous marriage where the sponsor already has a spouse living with him in Malta, family reunification of a further spouse shall not be authorized;

ii. The unmarried minor children of the sponsor and/or the spouse, including children adopted in a manner recognized by Maltese law;

iii. The unmarried minor children, including adopted children, of the sponsor or the spouse where one of the parents has custody and the children are dependent on that parent.

## 01 PERSONAL DETAILS OF FAMILY MEMBER

Residence Permit No. \_\_\_\_\_ **A**

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

Surname \_\_\_\_\_

Name \_\_\_\_\_

Maiden Surname \_\_\_\_\_  
(If applicable)

Current Nationality \_\_\_\_\_

Nationality at Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed  Cohabitant

Gender  Male  Female  Other

Date of Birth \_\_\_\_\_

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

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

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

Travel Document Type  Passport  Foreign ID  Other (Specify) \_\_\_\_\_

Travel Document No. \_\_\_\_\_

Country of Issue \_\_\_\_\_

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

Is the family member of the sponsor already present in Malta?  Yes  No

If yes, indicate date of first entry \_\_\_\_\_

Period of time that will be spent residing in Malta during each calendar year within the validity of the permit \_\_\_\_\_ days / months

## 02 PERSONAL DETAILS OF SPONSOR GRANTED RESIDENCE IN MALTA

Residence Permit No. \_\_\_\_\_ **A**

Surname \_\_\_\_\_

Maiden Surname  
(if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Relationship of the family member to the sponsor

Spouse of the sponsor (over 21 years of age)

Minor child of the sponsor (under 18 years of age)

Dependent family members of the sponsor (over 18 years of age)  
(The justification for the dependency should be reasonable.)

Cohabitant

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

Type of Permit \_\_\_\_\_

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

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

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

Total family members subject to this family reunification application \_\_\_\_\_

Total family members that may be subject to a family reunification application \_\_\_\_\_

Are any of them legally present in Malta?  Yes  No

## 03 PERSONAL DETAILS OF SECONDARY SPONSOR GRANTED RESIDENCE IN MALTA (if applicable)

Family members residing in the same household may act as a secondary sponsor.

Residence Permit No. \_\_\_\_\_ **A**

Surname \_\_\_\_\_

Maiden Surname  
(if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Relationship of the family member to the sponsor

Spouse of the sponsor (over 21 years of age)

Minor child of the sponsor (under 18 years of age)

Dependent family members of the sponsor (over 18 years of age)

Date of First Settlement in Malta \_\_\_\_\_

Type of Permit \_\_\_\_\_

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

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

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

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

Total family members subject to a family member application \_\_\_\_\_

Total family members that may be subject to a family member application \_\_\_\_\_

Are any of them legally present in Malta?  Yes  No

**Where more family members are acting as a sponsor, they shall each provide the Agency with the documentation required under the Checklist provided herein.**

## 04 ADDRESS IN MALTA

Property No./Name \_\_\_\_\_

Street Name \_\_\_\_\_

Locality \_\_\_\_\_ Post Code \_\_\_\_\_

## 05 PERMANENT ADDRESS ABROAD

Property No./Name \_\_\_\_\_

Street Name \_\_\_\_\_

Locality \_\_\_\_\_ Post Code \_\_\_\_\_

Country \_\_\_\_\_

## 06 DECLARATION BY THE SPONSOR/S AND THE APPLICANT

**I hereby solemnly declare that the information given in this application is true to the best of my knowledge and belief and that no details have been omitted that could be of direct importance when the application is considered.**

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**07** 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*

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## CHECKLIST FOR FAMILY MEMBERS OF THIRD-COUNTRY NATIONALS WHO MAY QUALIFY FOR FAMILY REUNIFICATION UNDER THE FAMILY MEMBERS POLICY

Third-country nationals who are legally residing in Malta may submit an application for the issue of residence permits in respect of family members under the Family Members Policy. Information about this Policy can be obtained from <https://identita.gov.mt/expatriates-unit-non-employment-permits-family-members-policy/>

The sponsor will be contacted with a date of appointment. The original version of all documents submitted with this application must be presented at the time of this appointment.

Documents submitted must be in line with the latest published Policy by Identità, establishing the standards for the recognition of foreign public documents.

- A request in writing to the Agency by the sponsor in order that the family member may join him/her in Malta, which should include details about the sponsor's:
  - i.** length of stay in Malta,
  - ii.** relationship with the family member, and
  - iii.** other relevant information, including details on the place of residence where the family shall be residing, and
  - iv.** the expected duration of the sponsor's stay in Malta, and
- A copy of all of the pages of the passport of the family member;
- A copy of Apostilled or legalised Civil status certificates, such as birth or marriage certificates, attesting the relationship between the sponsor and the family member;
- Evidence of stable and regular resources declared with the Office of the Commissioner for Revenue, equivalent to at least the median wage, with an addition of another twenty percent income or resources for each member of the family who will be the subject of the application;
- A copy of the last six (6) payslips of the sponsor prior to the date of application if the person is working in Malta or any additional acceptable income for the last six (6) months prior to application which would render eligible applicant to apply for such family reunification. In other instances evidence of stable resources for the six (6) months prior to application;
- Evidence of accommodation regarded as normal for a comparable family in Malta which meets the general health and safety standard in force in Malta, by means of an architect attestation;
- Copy of the lease agreement;
- A copy of the approval letter from Housing Authority that the lease agreement has been registered;
- A copy of the health insurance plan for the applicant and the family member or proof of national insurance payments for the preceding six (6) months or more;
- For children aged 18 and older, proof of health insurance;

Where the family member is a minor:

- i.** where the sponsor has sole custody, legal proof of care and full custody is required;
- ii.** where the custody is shared a signed agreement of the other parent's concession is required.

Health Screening: Guidance regarding documentation to be provided in this respect can be found on [https://hpd.gov.mt/idcu/health\\_screening/family\\_reunification](https://hpd.gov.mt/idcu/health_screening/family_reunification)

This is without prejudice for the Agency to request further documentation as the case may be.

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### NOTES TO APPLICANTS

Documents in a foreign language must be translated to Maltese or English by a translator registered with the Maltese authorities. Identità retains certified/apostilled copies of the said documents where original documentation would not be possible to retain. Family members must present the original documents once they are in Malta.

Identità and other related stakeholders reserve the right to request any further documentation that they may deem necessary in the evaluation process of the application.

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