



**EXPATRIATES UNIT
FAMILY REUNIFICATION (POLICY)
RENEWAL 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** _____

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

Type of Permit _____

Date of Issue _____ Valid Until _____

Intended Duration of stay in Malta _____

Intended Country of Next Settlement _____

Total number of family members subject to a 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 SECOND 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 _____

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 _____

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

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.

- Copy of the sponsor's Maltese residence permit;
- 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, of all persons who are acting as a sponsor for the purpose of this 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 provided that this was not submitted previously;
- A Copy of the lease agreement;
- A copy of the confirmation 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 passport has not been changed since first time application, copy of the residence document of the family member. If the passport of the family member has changed, copy of all passport is required as well as a copy of the residence document;
- When a child between the ages of 5 and 16 is subject to this application, a letter signed and stamped by the Head of School or another Education attesting to the child's enrolment in school is required
- 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

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

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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