





TAQSIMA ČENTRALI TAL-VIŽA CENTRAL VISA UNIT

LONG STAY MALTESE (D) VISA APPLICATION

Title		Mr									ı	Mrs						ı	Ms						Oth	ner
Full Legal Surname (as shown on passport)																										
Full Legal Given Name (s) (as shown on passport)																										
Identity Document Number																										
Nationality																										
Other Nationalities if applicable																										
Place of Birth																										
Country of Birth																										
Date of Birth	D	D	М	М	Υ	Y	Y	Υ																		
Current Occupation																										
Gender			Mc	ale							ı	Fen	ale)				C	the	er						
Marital Status			Ne	ver	Ма	rrie	ed				ı	Mar	rie	d				9	Бер	ar	ate	ed			Oth	ner
CONTACT DETAILS																										
Fixed Telephone No.																										
Mobile No.																										
Personal Email Address																										
PASSPORT DETAILS (Passport on which visa shall be af	fixed, a	ll po	assp	oort	deta	ils s	show	/n be	elow	/ mu:	st b	e pr	ovid	ed)												
Type of Travel Document				lina								Dip						5	Ser	vic	e			5	spec	ial
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If other specify here	L																													
Travel Document No.																														
Issuing Country																														
Date of Issue	D	D	М	М	Υ	Υ	Υ	Υ						,	Val	id ι	ınti	l		D	D	М	М	Υ	Υ	Υ	Y			
02 TRAVEL INFORMAT	ION	API	PLIC	CAT	101	N'S	DE	ΤΑΙ	ILS																					
Purpose of travel		ı	Pro	fes	sio	nal	/Bı	ısir	es	S]	Cı	ultu	ıral							;	Spc	orts	>					
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		(Oth	er																										
Please Specify																														
Border of First Entry																														
Tentative Date of Arrival	D	D	М	М	Υ	Υ	Υ	Υ					Ter	nta	tive	e Do	ate	of	Dep	ar	ture	Э	D	D	М	М	Υ	Υ	Υ	Υ
Current Country of Residence at time of application																														
Applicant's Home Address i	n Ful	ll																												
Address																														
	L																													
District																												L		
Province																														
State	L																													
City																														
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City	L																											L		
Postcode																														

03 HOST DETAILS IN MALTA

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Organisation's Name																												
Full Name of Host																												
Address												1																
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City																												
Postcode																												
Identity Document Number																												
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Who is paying]	M	Мy	se	lf				H	los	t P	ers	son	1				Н	st	0	rgo	ani	sat	tio	n			
PLEASE NOTE																												

Please see Declaration of Proof Form and if applicable host is required to fill in details and subsequently you are required to submit together with this form.



PARENTAL AUTHORITY (IN CASE OF MINORS UNDER 18 YEARS OF AGE) / LEGAL GUARDIAN

Parent 1 / Legal Guardian 1 **Surname** Name **Nationality Mobile Number Email Address** (if different from applicant's contact) **Postcode** Country Parent 2 / Legal Guardian 2 Surname Name Nationality **Mobile Number Email Address** (if different from applicant's contact) **Postcode** Country

In the case that the family Malta under the EU/UK with													•							_								atu	s in
Surname																													
Name																													
Travel Doc. or ID Card No.							Ĺ			Ĺ									Ĺ					L	L				
Date of birth	D	D N	и м	Υ	Υ	YY	,																						
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Family Relationship			pous									1		nild									(Эra	ınd	chi	ld		
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Applicant's Signature																Dat	:е с	of S	ign	atı	ıre	D	D	М	М	Υ	Y	_Y	Y
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05 DECLARATION																													
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Applicable in case a multiple		,																											
I am aware of and consent of my photograph and, if a and any personal data con photograph will be supplied application.	cern	ing r	ne v	vhic	h a	pped	ar c	on th	he (ap	plic	ati	on 1	forn	n, c	as v	vell	as	m	y fii	nge	rpr	int	s ai	nd	my			
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Personal data will be proce that I have the right to obto Malta it has been transmitt relating to me processed un inform me of the manner in corrected or deleted, include Data Protection Commission	ain a ed, c nlaw whic ding	noti and t fully ch I r the r	fica to re be may relat	tion que dele exe ed r	of st ted rcis	the o that d. At se my nedie	dat da my y ri s a	ta re ta re exp ght	elat ela ore: to ordi	ting ting ss ch ng	g to g to req eck to	mo ues the	e re e w st, t e p e lav	cor hic he erso ws o	rde h is aut onc of N	d ir s in tho al d Mal	n th acc rity atc ta.	e \ ex cur ex Th	/MS ate am onc e C	S, to be inir err	o w co ng r ning ce c	hic rre ny mo f tl	h a cte app e a he l	uth d a olic nd Info	nori and ati hav orm	ties the on ve t nati	s wi at c will ther on	thir latc m and	T .
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Applicant's Signature													_		ı	Dat	e o	f S	ign	atu	re	D	D	М	М	Υ	Υ	Υ	Υ

0	SUPPORTING DOCUMENTS
	Valid Passport
	Invitation
	Means of Transport
	Health Insurance (Including repatriation if need be)
	Financial Means
	Others