





EXPATRIATES UNIT

APPLICATION FOR A RENEWAL OF SPECIFIC RESIDENCE AUTHORISATION

PERSONAL DETAILS OF APPLICANT																											
Specific Residence Authorisc If Applicable	ation No.	:Ш																									
Date of Issue:		D	D M	М	Υ	Υ	Y	-								Vo	ılid	Un	til:	D	D	М	М	Υ	Υ	Υ	Υ
Surname:																											
Name:																											
Middle Name (if applicable):	:																										
Sex:	Sex:																										
Date of Birth:																											
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Telephone No:								1	1		<u> </u>	$\perp \perp$															
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Current Nationality:								<u> </u>																			
Nationality at Birth:		Щ						<u> </u>																			_
Country of Birth:		Ш				_	_	Ļ			L	Ш															_
Place of Birth:																											
Marital Status			Singl	e [_ M	larr	ied		Se	epe	rat	ed		Di	vor	ce	d [Wi	ido	we	d		Co	hak	oita	nt
Signature of Applicant																		Dat	te:	D	D	М	М	Υ	Υ	Υ	Υ
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You are being reminded that i criminal responsibility in accord																											
Immigration Act (Chapter 217 ounlawful declaration.	of the Lav	vs of	Malt	a) a	s we	ell a	s an	y of	ther	lav	V OI	r reg	jula [.]	tior	ı w	hicl	h m	ay	be	in f	orc	e a	t tł	ne t	ime	of '	the
02 ADDRESS IN MALTA																											
Property No.																											
Property Name		1				1																					
Street Name						-		 														 					_
Locality							-	L 		_												 		 	 	_	_
Postal Code								<u> </u>														<u> </u>					

I, hereby, declapplication for applicant cea	rm, which	n is	OV	wne	ed	or	m	ar																															
Name of landl (IN BLOCK LET			\perp	\perp	\perp																												L	\perp	L				
ID. card no.																																							
Mobile No.					_							1	1																										
Number of Persons Residing in this Residence																																							
Landlord's Add	dress			\perp																														\perp	\perp				
				\perp																																			
Email address																																							
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Signature of L	andlord .																				-							D	ate	e: [D	D	<u> </u> M	I M		Y \	<u> </u>	Y	Υ
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IDENTITÀ
Triq il-Wied, L-Msida, MSD 9020, MALTA
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W www.identia.gov.mt
E enquiries.identita@gov.mt

by a lawyer/notary/legal procurator.

DECLARATION BY THE LANDLORD

EXPATRIATES UNIT
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E noneu.identita@gov.mt

Lease Agreement Attestation Form - To be filled and signed by the landlord and also filled and officially stamped