



EXPATRIATES UNIT FAMILY REUNIFICATION (S.L.217.06) 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 two years, and has reasonable prospects of obtaining the right of permanent residence.

The sponsor must meet the criteria of Subsidiary Legislation 217.06 <https://legislation.mt/eli/sl/217.6/eng>

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 (children who are born in Malta do not fall within the scope of this application);
- 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 (children who are born in Malta do not fall within the scope of this application).

01 PERSONAL DETAILS OF FAMILY MEMBER

Residence Permit No.		A	
Date of Issue	D D M M Y Y Y Y	Valid Until	D D M M Y Y Y Y
Surname			
Name			
Maiden Surname <small>(If applicable)</small>			
Current Nationality			
Nationality at Birth			
Country of Birth			
Place of Birth			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitant		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Date of Birth	D D M M Y Y Y Y		
Telephone No.			
Mobile No.			
Email Address			
Travel Document Type	<input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID <input type="checkbox"/> Other (Specify)		
Travel Document No.			
Country of Issue			
Date of Issue	D D M M Y Y Y Y	Valid Until	D D M M Y Y Y Y
Is the family member of the sponsor already present in Malta?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate date of first entry	D D M M Y Y Y Y		

CHECKLIST FOR THIRD-COUNTRY NATIONALS RESIDING IN MALTA TO BE JOINED BY THEIR RELATIVES

- [SUBSIDIARY LEGISLATION 217.06]

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.

- Covering letter signed by the sponsor, affirming legal residence in Malta for the last two years. Covering letter should state the reasons why family reunification is being requested and details of prospects of permanent residence;
- Evidence that the sponsor has prospects of permanent residence in Malta;
- A copy of the sponsor's Maltese residence permit;
- Apostilled or legalised documents attesting the family relationship that exists with the sponsor such as marriage certificates and birth certificates;
- 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;
- A copy of the lease agreement;
- A copy of the approval letter from the Housing Authority that the lease agreement has been registered;
- Confirmation of stable and regular resources of the sponsor, equivalent to, at least, the average wage in Malta with an addition of another twenty percent income or resources for each member of the family who will be the subject of the family reunification application, and family members who are already residing in Malta on the basis of them being your family members;
- A quote for a health insurance policy with a minimum coverage limit of €100,000, providing medical treatment including hospitalisation coverage in Malta and, if necessary, in other European countries for each dependent. The health insurance is to be presented then during the biometric appointment. The insurance policy must have a validity covering the entire first year of the residence permit;
- Full copies of the passports of family member;
- 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
- Lease Agreement Attestation Form - To be filled and signed by the landlord and also filled and officially stamped by a lawyer/ notary/ legal procurator

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

Successful applicants shall be notified by means of written confirmation of the approval of their request and if they are residing abroad on arrival in Malta they will be requested to call at the office of the Agency for their biometrics to be captured features.

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.