





EXPATRIATES UNITFAMILY 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).

PERSONAL DETAILS OF FAMILY MEMBER Residence Permit No. 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 D М **Date of Birth** Telephone No. Mobile No. **Email Address Travel Document Type** Passport Foreign ID Other (Specify) **Travel Document No. Country of Issue** D мм D M **Date of Issue** Valid Until Yes No Is the family member of the sponsor already present in Malta?

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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																																			
PERSONAL DETAILS OF SPONSOR GRANTED RESIDENCE IN MALTA																																			
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Surname		\perp																											\perp	\perp	\perp	\Box			
Maiden Surname (If applicable)										L			_																		_				
Name																															\perp				
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) Date of first															ge)																				
Date of first settlement in Malta	D	D	М	М	Υ	Υ	Υ	Υ		ı	ı	ı	ı	ı			ı	ı	ı	ı	ı	ı		ı	ı	ı	1	ı		1	1	1	ı	ı	1
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Date of Issue	D	D	М	М	Υ	Υ	Υ	Υ											,	Val	lid	Un	itil				D	D)	1 1	М	Υ	Υ	Υ	Υ
Intended Duration of stay in Malta		L																																	
Country of Residence prior to Settlement in Malta																																			
Intended Country of Next Settlement																																			
Total number of family members subject to this family reunification application																																			
Total family members	that	ma	y b	e s	ubj	ect	to	a f	am	ily	reı	ıni	ific	at	ion	ap	pli	cc	ıtio	n															
Total family members that may be subject to a family reunification application Are any of them legally present in Malta? Yes No																																			
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DECLARATION BY THE APPLICANT AND THE FAMILY MEMBE	05	DECLARATION BY THE APPLICANT AND THE FAMILY MEMBER
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Landlord's Signature

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

Sponsor's Signature						_													_				D	ate	<u> </u>	D	D	М	М	Υ	Y	Y	Y	r
Family Member's Signature																D	ate	<u> </u>	D	D	М	М	Υ	′ Y	′ Y	Y	r							
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I, hereby, declare that the application form, applicant cease to co	whic	h i	s o	wr	nec	o k	r m	nar	aç	jec	l by	y tł							_															
Name of landlord (IN BLOCK LETTERS)																													L		<u>_</u>			
ID Card No.																																		
Mobile No.									<u>L</u>				<u></u>				<u> </u>				_								L	<u></u>	<u></u>			
Number of Persons Res	sidin	g ir	n th	nis	Re	sid	len	ce																							\perp			
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Date

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: where the sponsor has sole custody, legal proof of care and full custody is required; 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://hpdp.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.

IDENTITÀ

Triq il-Wied, L-Imsida, MSD 9020, MALTA **T** +356 2590 4000

www.identita.gov.mt
enquiries.identita@gov.mt

EXPATRIATES UNIT
Triq il-Wied, L-Imsida, MSD 9020, MALTA
T (+356) 2590 4800

W www.identita.gov.mt **E** noneu.identita@gov.mt