





EXPATRIATES UNITECONOMIC SELF SUFFICIENCY RESIDENCE APPLICATION FORM

(To be filled in by persons who are not nationals of an EU Member State, Iceland, Liechtenstein, Norway or Switzerland)

Applications, when submitted whilst the person is in Malta, will be accepted only if such person is covered by an authorization of stay in Malta

1 APPLICANT'S PERSONAL DETAILS

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Residence Permit No.		и м	Y Y	YY	<u> </u>					A					D	DI	мІм	ΙΥ	Y	, I,	,		
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Maiden Surname (If applicable)												_											
Current Nationality																							
Nationality at Birth										_									Ш	\perp	_	_	$\perp \perp$
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Place of Birth																							
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If yes, indicate date of	first enti	ry	D D	M	ЧΥ	Y	Y																
Period of time that will during each calendar y						oermi	it							d	ays	/ m	onth	ıs					

02 ADDRESS IN N	/ALTA	4																																
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Date of first settlement in Malta	D	D	М	М	YY	′ Y	Y	,																										
Intended Duration of stay in Malta																																		
Country of Residence prior to Settlement in Malta																																		
Intended Country of Next Settlement		<u>L</u>																																_
05 DECLARATION I, hereby, solemnly dethat no details have be Applicant's Signature	clare een d	tha	ıt th	e iı	nfor	ma	tioi d b	n gi' e o	vei f d	n in irec	thi	is a	lpp or	olic	ati	ion e w	is t	tru n ti	e te	o t ap	he pli	be	st (ı is	my co	nsi	der	red	•		be	lief	f an)C

06 DECLARATION BY THE LANDLORD

Landlord's Signature

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 Res	idin	ıq i	in t	this	s Re	esio	der	nce																				
Address of Landlord																												
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Email Address																												
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Date

SUPPORTING DOCUMENTS

This application form caters for those persons whose purpose of residence in Malta is on an economically self-sufficient basis. This includes persons who qualify under the 'Malta Permanent Residence Programme', the 'Global Residence Programme', the 'Malta Retirement Programme' and other relevant residence schemes in force at the time of application. Primarily, this includes persons who qualify under the 'Malta Permanent Residence Programme' and the 'Global Residence Programme' which is designed to attract persons who are not national of the EU, EEA or Switzerland and who are not long-term residents.

Applications must be submitted by the applicant in person whilst in Malta. Applicants are required to fill in the relevant forms which must include all the required information, contact details, dates and signatures. This must be done before the expiry of the authorisation to stay in Malta.

	 Full copy of Passport, including all blank pages; Proof of legal status in Malta; Proof of accommodation as shown hereunder; A copy of the Lease agreement signed by both landlord and tenant, which must include the full name, ID Card number of landlord, rental address. The name of the tenant must match the name on the passport. If the Landlord is not Maltese, a purchase agreement of the same premises must be presented. A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per Chapter 604 of the Laws of Malta; A copy of the Certificate from the Commissioner for Revenue showing that the applicant satisfies the criteria
ш	stipulated in the applicable law;
	A copy of the Comprehensive Health Insurance Policy;
	Lease Agreement Attestation Form - To be filled and signed by the landlord and also filled and officially stamped by a lawyer/ notary/ legal procurator.
Ren	ewal
	Where the passport presented upon initial application has been changed, a full copy of the applicant's passport including the blank pages is required. Otherwise, copy of the passport's biometric page. Proof of accommodation as shown hereunder;
	 A copy of the Lease agreement signed by both landlord and tenant, which must include the full name, ID Card number of landlord, rental address. The name of the tenant must match the name on the passport. If the Landlord is not Maltese, a purchase agreement of the same premises must be presented; A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per
	Chapter 604 of the Laws of Malta;
	A copy of the Certificate from the Commissioner for Revenue showing that the applicant satisfies the criteria stipulated in the applicable law;
	A copy of the Comprehensive Health Insurance Policy;
	A copy of a recent declaration issued from Inland Revenue is to be presented confirming that applicant still satisfies
	the criteria for the Special Tax Programme.
	Lease Agreement Attestation Form - To be filled and signed by the landlord and also filled and officially stamped by a lawyer/ notary/ legal procurator.

NOTES TO APPLICANTS

All documentation listed above must be presented in English or Maltese. All presented translations of official documents are to be apostilled by the Foreign Affairs if applicable.

All supporting documentation must be presented in original format. The Department retains a copy of the above-mentioned list of documents.

Identità reserves the right to request additional documents before the application could be processed.

IDENTITÀ
Triq il-Wied, L-Imsida, MSD 9020, MALTA
T+356 2590 4000
W www.identita.gov.mt
E enquiries.identita@gov.mt

First Time Applicant

EXPATRIATES UNIT
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