

4
and a

EXPATRIATES UNIT APPLICATION FOR RESIDENCE DOCUMENTATION

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

Partner	Religious	Posted Worker	Working Holiday
Humanitarian Grounds	Health	Pensioner	Temporary
Parent of a Maltese National	Voluntary	Child of a Maltese National	Traineeship

01	APPLICANT'S PERSONAL DETAILS
----	------------------------------

Residence Permit No.		A	
Date of Issue			
Surname			
Name			
Maiden Surname (If applicable)			
Current Nationality			
Nationality at Birth			
Country of Birth			
Place of Birth			
Marital Status	Single Married Separated	Divorced Widowed Coha	oitant
Marital Status Gender	Single Married Separated Male Female Other	Divorced Widowed Cohal	oitant
		Divorced Widowed Cohal	oitant
Gender	Male Female Other	Divorced Widowed Cohal	oitant
Gender Date of Birth	Male Female Other	Divorced Widowed Cohal	bitant
Gender Date of Birth Telephone No.	Male Female Other	Divorced Widowed Cohal	bitant
Gender Date of Birth Telephone No. Mobile No. Email Address	Male Female Other D M Y Y Y I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I<		
Gender Date of Birth Telephone No. Mobile No.	Male Female Other		
Gender Date of Birth Telephone No. Mobile No. Email Address Travel Document Type	Male Female Other D M Y Y Y I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I<		

02 ADDRESS IN MALTA

Property No./Name																			
Street Name			 				1												
Locality										Ρ	ost	Co	de						

03 PERMANENT ADDRESS ABROAD

Property No./Name																				
Street Name																				
Locality											Pos	t C	ode	e						
Country																				

04 IMMIGRATION DETAILS

Date of first settlement in Malta	D	D	Μ	Μ	Y	Y	Y	Y													
Intended Duration of stay in Malta																					
Country of Residence prior to Settlement in Malta																					
Intended Country of Next Settlement																					

05 PERSONAL DETAILS OF SPONSOR (TO BE FILLED BY APPLICANTS APPLYING AS PARTNERS / PARENT OF A MALTESE NATIONAL / CHILD OF A MALTESE NATIONAL)

ID. Card No.																	
Surname																	
Name																	
Maiden Surname																	

A DETAILS OF RELIGIOUS ORDER (TO BE FILLED BY APPLICANTS AS RELIGIOUS PURPOSE)

Name of Religious Order																							
Head of Congregation	L	Ļ					_	<u> </u>	Ļ	<u> </u>	_			_	_				_	_	_		
Property No./Name																							
Street Name																							
Locality												I	Pos	t C	od	е							
Telephone No.																							
Mobile No.																							
Email Address																							

7 EMPLOYER'S DETAILS (TO BE FILLED IN BY APPLICANTS APPLYING AS POSTED WORKER)

Employer's/ Company Name					 													
Contact Person																		
Property No./Name					 													
Street Name																		
Locality									 P	ost	Co	de						
Telephone No.																		
Mobile No.																		
Email Address																		

DECLARATION BY THE APPLICANT

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

Applicant's Signature

Date D M M Y Y Y

09 DECLARATION BY THE LANDLORD

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.																			<u> </u>	<u> </u>			
Number of Persons Resi	din	g i	n t	his	Re	sie	der	ce															
Address of Landlord																							
														P	ost	t Co	ode						
Email Address																							

Landlord's Signature

D D M M Y Y Y Y

Date

CHECKLIST FOR THE APPLICATION FOR A TEMPORARY RESIDENCE PERMIT

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 authorization to stay in Malta.

- CEA Form O (Non-EU) filled and signed by Applicant;
- Full copy of the applicant's valid passport, including the blank pages;
 - Proof of legal status in Malta;
 - Proof of Accomodation:
 - 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
 - Cap. 604 of Maltese legislation;
 - A quote for a health insurance policy with a minimum coverage limit of €100,000, providing medical treatment including outpatients and 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 period of stay in Malta;
- Evidence showing the applicant's purpose of stay in Malta;
- \Box A copy of Bank statement (not older than 3 months).
- □ Application fee of €27.50.
- Lease Agreement Attestation Form- To be filled and signed by the landlord and also filled and officially stamped by a lawyer/ notary/ legal procurator.

Additional supporting documentation in certain cases:

A. Partner

- A recent affidavit by the couple under oath, stating that they are in a durable and stable relationship, administered by a notary registered in Malta;
- A copy of the official certificate issued from Public Registry showing the civil status of the Maltese national;
- A letter from two different relatives or friends witnessing the relationship;
- A copy of the Bank statement of the applicant or the partner for the previous 3 months showing adequate funds, amounting to minimum wage + 20%;
- Applicants must provide enough evidence to show that the relationship is stable and durable (minimum of two years) Evidence should be supported by a detailed timeline of the relationship.

B. Religious Purposes

Letter from the Superior of the Order concerned or from a Superior of the Curia indicating the reasons of stay in Malta, period of stay and place of residence.

C. Posted Worker

Confirmation from the department for Industrial and Employment relations (DIER). That person has been registered as such worker. Residence card/Work permit issued by the first member state.

D. Working Holiday

Letter from the High Commissioner of Australia or New Zealand, as applicable.

E. Humanitarian Grounds

Covering letter by applicant explaining his/her purpose of stay in Malta;

Proof of evidence of the above.

F. Health Reasons

In the case of a person requiring a temporary extension to stay in Malta on the grounds of urgent issues: A detailed Medical Report by a local Specializing Consultant attesting the medical condition and recovery period;

- If the requested authorization is for the purpose for undergoing health treatment which had been already scheduled whilst person was outside Malta:
 - i. Hospital/clinic booking;
 - ii. Copy of payment documentation;
 - iii. Medical reports from local professionals;
 - iv. Flight tickets.

G. Pensioner

- A copy of the official document, showing that applicant is entitled to a retirement income issued by the Social Services Department in Malta;
- A copy of the bank statement showing regular transfers of his/her pension.

H. Parent of a Maltese National

- A copy of the Birth Certificate of Child/Children;
- Copy of Maltese passport of Child/Children;
- In case the Parents are separated or divorced a copy of the Court Decree attesting the custody of the Child/Children;
- Proof of dependency.

I. Child of a Maltese National

- A copy of the parent's Maltese Passport;
- □ A copy of the child's Birth Certificate;
- In case the Parents are separated or divorced a copy of the Court Decree attesting the custody of the Child/Children;
- Proof of dependency.

J. Voluntary

- A copy of the agreement with the host entity or, another body responsible for the voluntary service scheme in which he is participating;
- Proof that the voluntary scheme is recognized as a Mobility Project for Young People: Voluntary Projects scheme;
- Provide evidence that if he is accommodated throughout the stay by the host entity, the accommodation meets the conditions as required by law.

K. Parent of a Study Permit Holder (Child under 18 years)

- Copy of Residency Permit (Study);
- Copy of the Birth Certificate of Permit Holder;
- Copy of School Letter.

L. Traineeship

- A copy of the confirmation letter indicating that the notification has been accepted by Jobsplus;
- A copy of the training agreement which provides for theoretical and practical training with a host entity.

M. Other Purposes

Any requests which do not fall to be considered on the basis of the above-mentioned purposes shall be given such consideration only in exceptional circumstances and on the merits of the case.

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 EXPATRIATES UNIT Triq il-Wied, L-Imsida, MSD 9020, MALTA T (+356) 2590 4800 W www.identita.gov.mt E noneu.identita@gov.mt

Version 3.2 dated 08/06/2023 IDENTITÀ / EXPATRIATES UNIT