





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:

If yes, indicate date of first entry

- 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 DET	TAILS OF FAMILY MEMBER	
Residence Permit No.		A
Date of Issue	D D M M Y Y Y Y	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 ☐ X	
Date of Birth	D D M M Y Y Y Y	
Telephone No.		
Mobile No.		
Email Address		
Travel Document Type	Passport Foreign ID Other (Spec	sify)
Travel Document No.		
Country of Issue		
Date of Issue	D D M M Y Y Y Y	Valid Until
Is the family member o	of the sponsor already present in Malta?	☐ Yes ☐ No
If ves indicate date of	f first entry	

Period of time that wil during each calendar										pe	erm	it											do	ıys	/ r	noı	nth	S							
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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 settlement in Malta	D	D	М	М	Υ	Υ	Υ	Υ		ı	ı	ı	ı	ı			ı	ı	ı	1	1	ı		ı	ı	ı	1	ı		1	1	1	ı	ı	1
Type of Permit																												Ļ	Ļ	_	4	_	_		_
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	y mer	mbe	ers	sub	ojec	t t	o tl	his	fan	nily	/ re	un	nific	cat	tior	n a	ppl	lic	atic	n															
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															
Are any of them legall	ly pre	sen	nt iı	n M	alto	a?				Υe	s			[No	•																		
03 ADDRESS IN M	IALTA	١.																																	
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Street Name		Ļ	L	L					L			Ļ																Ļ	ļ	1	1	_			
Locality																				Pos	st (Co	de						\perp	\perp					
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Property No./Name		_										_								_	_			L				_	\perp	4		_			Ш
Street Name									_			_	_														_	_	\perp	4		_			Ш
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Country																													\perp	\rfloor					

DECLARATION BY THE APPLICANT AND THE FAMILY MEMBER

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.

Spo	onsor's Signature Date Date
	nily Member's Signature Date Date
	CHECKLIST FOR THIRD-COUNTRY NATIONALS RESIDING IN MALTA TO BE JOINED BY THEIR RELATIVES
	- [SUBSIDIARY LEGISLATION 217.06]
	sponsor will be contacted with a date of appointment. The original version of all documents submitted with this apation must be presented at the time of this appointment.
	cuments submitted must be in line with the latest published Policy by Identità establishing the standards 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 Maltwith an addition of another twenty percent income or resources for each member of the family who will be th subject of the family reunification application, and family members who are already residing in Malta on the basi of them being your family members;
	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 in surance 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://hpdp.gov.mt/idcu/health_screening/family_reunification
	Lease Agreement Professional Attestation Form (provided on Identita's website) duly filled in and signed by th landlord and a lawyer/ notary/ legal procurator- only required for new applications or if a new address is registered upon renewal.
	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 the are residing abroad on arrival in Malta they will be requested to call at the office of the Agency for their biometric 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.

PRIVACY POLICY

By submitting the CEA Form G.01 and the attachment(s) required (altogether the "Form"), you provide Identità with personal data (the "Data") and thus become a "data subject".

The aim of this policy is to comply with our transparency and fairness obligations under GDPR and to inform you about who will be processing your Data, for what purpose, for how long it will be kept, with whom it will be shared and about your rights as a data subject under GDPR.

You may submit personal data of individuals other than yourself with this Form (i.e. recommenders, witnesses, etc.). Identità has assessed that, in said cases, informing these individuals proves impossible and would involve a disproportionate effort. Identità will still take appropriate measures to protect the rights, freedoms and legitimate interests of these individuals.

01 Data Controller and Data Protection Officer

Identità is the data controller, meaning the entity that defines the purposes and means for collecting and processing your Data in relation to this Form.

Ídentità is an Agency of the Government of Malta, delivering services related to Identity Cards, Passports, Visas, Expatriates and Public Registry.

Identità's Data Protection Officer is responsible to attend any query related to this policy and in general to personal data processing activities conducted by Identità. The Data Protection Officer may be contacted using the details below.

Postal Address:

Data Protection Officer

Valley Road, Msida, MSD 9020, Malta

E-mail: dataprotection.identita@gov.mt

02 Purposes and legal basis

The purpose for processing personal data collected within this form is to process an application to issue a residence permit to third country nationals who enjoy the status of family members and populating Identità's databases. The legal basis for processing the Data is the performance of a task carried out in the public interest by Identità and compliance with the legal obligation deriving from the S.L. 217.06, to which Identità is subject. We take pride in keeping your data secure and will take appropriate technical and organisational measures to protect your data against unauthorised or unlawful processing, including against accidental loss, destruction, storage or access. Your personal data will be stored in paper files and/or electronically on our technology systems.

03 Recipients of personal data

Data will be accessed by Identità employees in charge of processing the Form.

It may also be transferred to other departments within Identità in order to facilitate the delivery of the service requested by submitting this Form. Data will also be transferred to the Police Immigration Office and the National

This will be done in line with data protection legislation, and arrangements are in place in order to guarantee the security and lawfulness of these transfers.

Under certain conditions, Identità may disclose your information to other third parties, (such as other Government entities or law enforcement authorities) if it is necessary and proportionate for lawful, specific purposes.

Data will not be transferred to third countries or international organizations.

04 Storage period

Data will be retained for 10 years (from the moment that the file/s is/are considered as dormant).

05 Your rights

You can contact the Data Protection Officer in order to exercise your right to access, rectify and, as the case may be, erase the Data, in compliance with applicable laws.

You also have the right to object to the processing of Data at any time, on grounds relating to your particular situation. If you feel that Identità has infringed your data protection rights, you may submit a complaint to the supervisory authority of the Member State of your habitual residence or place of work, or, alternatively, to the supervisory authority of the Member State where the alleged infringement has taken place.

IDENTITÀ

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EXPATRIATES UNIT

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