



# **EXPATRIATES UNIT** FAMILY REUNIFICATION (POLICY) **RENEWAL 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 one year, and has reasonable prospects of obtaining the right of permanent residence. The sponsor must meet the criteria of the Policy on Family Members of Third-Country Nationals which is accessible from

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.

<b>01</b> PERSONAL DET	AILS OF FAMILY MEMBER	
Residence Permit No.		
Date of Issue	D     M     M     Y     Y     Y       Valid Until     D     M     M     Y     Y	
Surname		
Name		
<b>Maiden Surname</b> (If applicable)		
Current Nationality		
Nationality at Birth		
Country of Birth		
Place of Birth		
Marital Status	Single Married Separated Divorced Widowed Cohabitan	ıt
Gender	Male Female X	
Date of Birth		
Telephone No.		
Mobile No.		
Email Address		
Travel Document Type	Passport Foreign ID Other (Specify)	
Travel Document No.		
Country of Issue		
-		
Date of Issue	Valid Until	

eriod of time that will be spent residing in Malta during each calendar year within the validity of the permit

1 of 6

days / months

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Type of Permit																														
Date of Issue	D	DM	1 M	Y	Y	Υ									Vo	alid	Ur	ntil				D		М	М	Y	Y	Υ	Y	
Intended Duration of stay in Malta																														
Intended Country of Next Settlement																														
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Country of Residence prior to Settlement in Malta																															
Intended Country of Next Settlement																															
Total number of family Total family members t																															
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04 ADDRESS IN M	ALTA																				
Property No./Name																					
Street Name																					
Locality												Pos	st C	od	е						
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Street Name			<u> </u>																		
Locality												Po	st C	cod	le						

Country

**06** DECLARATION BY THE SPONSOR/S AND 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.

Sponsor's Signature	Da	ate	D	M	М	ΥY	Y	ſ
Second Sponsor's Signature	Da	ate	D	M	Μ	ΥY	Y	(
Family Member's Signature	Da	ate	D	M	Μ	Y Y	Y	ſ

# 07 DECLARATION BY THE LANDLORD - TO BE FILLED IN IF THE APPPLICANT'S ADDRES REMAINS UNCHANGED

I, hereby, declare that the applicant, whose details are shown above, is still 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.																			
Address of Landlord																			
											Pos	t C	ode						
Email Address																			

Landlord's Signature

#### CHECKLIST FOR FAMILY MEMBERS OF THIRD-COUNTRY NATIONALS WHO MAY QUALIFY FOR FAMILY REUNIFICATION UNDER THE FAMILY MEMBERS POLICY

Third-country nationals who are legally residing in Malta may submit an application for the issue of residence permits in respect of family members under the Family Members Policy. Information about this Policy can be obtained from www. identitymalta.com/noneufamilypolicy.

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.

DDMMYYY

Date

- □ Copy of the sponsor's Maltese residence permit;
- Evidence of stable and regular resources declared with the Office of the Commissioner for Revenue, equivalent to at least the median wage, with an addition of another twenty percent income or resources for each member of the family who will be the subject of the application, of all persons who are acting as a sponsor for the purpose of this application;
- A copy of the last six (6) payslips of the sponsor prior to the date of application if the person is working in Malta or any additional acceptable income for the last six (6) months prior to application which would render eligible applicant to apply for such family reunification. In other instances evidence of stable resources for the six (6) months prior to application;
- Evidence of accommodation regarded as normal for a comparable family in Malta which meets the general health and safety standards provided that this was not submitted previously;
- $\Box$  A Copy of the lease agreement;
- A copy of the approval letter from Housing Authority that the lease agreement has been registered
- A copy of the health insurance plan for the applicant and the family member or proof of national insurance payments for the preceding six (6) months or more;
- For children aged 18 and older, proof of health insurance;
- Where passport has not been changed since first time application, copy of the residence document of the family member. If the passport of the family member has changed, copy of all passport is required as well as a copy of the residence document;
- □ When a child between the ages of 5 and 16 is subject to this application, a letter signed and stamped by the Head of School or another Education attesting to the child's enrolment in school is required
- $\Box$  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 <a href="https://hpdp.gov.mt/idcu/health\_screening/family\_reunification">https://hpdp.gov.mt/idcu/health\_screening/family\_reunification</a>
- Lease Agreement Professional Attestation Form (provided on Identita's website) duly filled in and signed by the 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.

### 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.

Lease Agreement Professional Attestation Form (provided on Identita's website) duly filled in and signed by the landlord and a lawyer/ notary/ legal procurator- only required for new applications or if a new address is registered upon renewal.

### **PRIVACY POLICY**

By submitting the CEA Form G.06 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 Identità 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 Policy on family members of third-country nationals who do not qualify for family reunification by means of the Family Reunification Regulations 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 Statistics Office.

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.