# long-stay visa





### TAQSIMA ČENTRALI TAL-VIŽA CENTRAL VISA UNIT

### LONG STAY MALTESE (D) VISA APPLICATION

Title		M	lr										Mrs	•						Ms	•				]	Ot	her
Full Legal Surname (as shown on passport)																											
Full Legal Given Name (s) (as shown on passport)																											
Identity Document Number																											
Nationality																											
Other Nationalities if applicable																											
Place of Birth																											
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Mobile No.																											
Personal Email Address																											
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If other specify here																																
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#### **PLEASE NOTE**

Please see Declaration of Proof Form and if applicable host is required to fill in details and subsequently you are required to submit together with this form.

# PARENTAL AUTHORITY (IN CASE OF MINORS UNDER 18 YEARS OF AGE) / LEGAL GUARDIAN

Parent 1 / Legal Guardian 1																								
Surname																								
Name																								
Nationality																								
Mobile Number																								
Email																								
Address (if different from applicant's contact)																								
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Parent 2 / Legal Guardian 2																	•							_
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Nationality														
Family Relationship		Spouse	dent Asce	endant	[	]	Child Registe	red Par	tnership	· [	<u> </u>	Grar Othe	ndchil er	ld
Applicant's Signature	_							Date o	of Signat	ture	D D	М	М	YY
05 DECLARATION														
I am aware that the visa fee	is no	t refund	ed if the	visa is r	efused.									
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Applicable in case a multiple entry visa is applied for:  am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities in Malta and processed for the purposes of a decision on my application.														
I hereby grant my explicit coperformed in the course of provider to perform administrates process. I further acknowle background checks on Iden including but not limited to, reference to the information	the vis strativ dge th tità's l public	sa applic ve and no nat, as p behalf, v c source	cation pro on-judgm oart of its wherein it es, such a	ocess. I nental to s duties, may co s the int	acknow asks relo the ext ansult a ternet, o	led tec ern ern ith ind	lge that lo d to the e al service orized thi returning	dentità entire lif e provic ird part	engage fecycle ( der shall ties, date	es an o of the l perfo abase	exte e visc orm es ar	ernal s a app the d nd oth	servio licati lynan her so	ce ion nic ources,
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I declare that to the best of any false statements will le also render me liable to pro	ad to	my appl	ication b	eing rej	ected o	to	the annu							

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

Applicant's Signature

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T+356 2590 4550
W www.identita@gov.mt
E visa.identita@gov.mt

Date of Signature D D M M Y Y Y Y