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																											
Country of Birth																											
Date of Birth	D	D	P	1 1	1 \	/ \		Y	Y																		
Current Occupation																											
Gender			N	//al	е								Fen	nal	е			I	(Oth	ner						
Marital Status			N	lev	er I	Mai	rrie	d					Ma	rrie	d			I		Sel	par	at	ed]	Ot	her
CONTACT DETAILS																											
Fixed Telephone No.																											
Mobile No.																											
Personal Email Address																											
PASSPORT DETAILS (Passport on which visa shall be af	fixed,	, all	pas	sspc	ort d	etai	ils sl	how	ın be	elow	v mu	ıst k	oe pr	ovio	ded)												
Type of Travel Document				rdir									Dip					ı		Se	rvio	се			1	Spe	cial
			Те	mp	oro	ary							Oth	er													

If other specify here																															
Travel Document No.																															
Issuing Country																															
Date of Issue		D	D	М	М	Υ	Υ	Υ							V	/ali	d uı	nti	ι		D	D	М	M	Y	Y	Y	Y	_		
02 TRAVEL INFO	RMAT	ION .	API	PLIC	ATIC	N'S	DE.	TAII	LS																						
Purpose of travel		Pro	fes	sion	al/B	usiı	ness	;					Cu	ltur	ral							S	poı	rts							
		Off	icio	al Vi	sit								Me	edic	al	Red	aso	ns				S	tuc	dy							
		Add	pt	ion									Co	urt								D	ipl	om	at						
		Em	plo	yme	nt								Fa	mily	, M	em	bei	r -	Dip	lon	nat]	Fo	imt	ly F	Reui	nifi	cat	ion
		Fan	nily	Mei	mbe	r of	an	EU	Nat	ion	al						Hu	mc	ınit	ari	an]	R	elig	iou	IS			
		Lon	ıg-t	erm	/No	n-To	ouris	sm					Los	st o	r Ex	çpir	ed	Do	cu	me	nts]	Tı	rain	ıinç	J			
		Sci	Scientific Researcher										Ter	npo	rai	ry E	mp	olo	ym	ent	:]	V	olu	nto	ıry \	No	rk	
		Wo	rkiı	ng H	olido	ays							Spo	orts	Tr	ials	6														
If employment please Specify Job title corresponding to the		se Er	mpl	loym	ent	Col	ntra	ct																			L				
Border of First Entry																															
Tentative Date of Arri	ival	D	D	М	М	Υ	Υ	Υ					7	Геп	tati	ive	Da	te	of	Dep	oar	tur	е	D	D	М	М	Υ	Υ	Υ	Υ
Current Country of Residence at time of application																										L	L				
Applicant's Home Add	dress i	in Ful	l																												
Address				Ш	\perp	<u> </u>							\Box														L				
		L		Ш																							L				
District						Ļ			_																		L				_
Province			L			Ļ																					L	\bigsqcup			
State																															
City																															
Postcode																															
Country											- 1	- 1	- 1	- 1	1	- 1	- 1		I				l	ı	l	ı	ı			- 1	- 1

Applicant's Accommodation Details in Malta Address																																		
Address																																		
									Ī		Ī	Ī		İ	İ											İ	Ī]
City									Ī		Ī	Ī																						
Postcode									1			i																						_
																																		J
03 HOST DETAILS IN M	ALT	Δ																																
Host			Per	'SO	n								Or	ga	nisc	atio	on																	
Organisation's Name																																		
Full Name of Host																															L			
Address	ī	l			1	1	ı	1	1	ı		ı		1	1	1	1							ı	1	1	1	1			l		l	1
		<u> </u>	<u> </u>		<u> </u> 	1	<u> </u>	<u> </u>	<u> </u>			+	<u> </u>								 	<u> </u> 	<u> </u> 	<u> </u>	<u> </u> 		_			<u> </u>	L I	 	<u> </u>]
																																		_
City																															L			
Postcode	ı	ı	ı	I	ı	1	ı	ı	ı	1	ı	1	ı	ı	1	1	1	1	1		I	1	I	ı	1	1	1	1		ı	ı	ı	I	ı
Postcode																																		
Identity Document Number																																		
Number																																		_
Fixed Telephone No.																																		
Mobile No.																																		
Email Address	I															1								I										
	_	1	<u> </u>		<u> </u>															_		<u> </u>	•-	. ~										⅃
Who is paying			Му	sel	lŤ						Ш		HOS	st I	Pers	sor	1				J	۲	ios	t O	rg	ani	sa	TIO	n					

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)																								
Postcode																								
Country												İ												
Parent 2 / Legal Guardian 2																	•							_
Surname																								
Name																				L				
Nationality																								
Mobile Number																								
Email																								
Address (if different from																								_
applicant's contact)																			L					
Postcode																				L				
Country																				L				
In the case that the family n under the EU/UK withdraw a																				y s	itat	ius	in	Malt
Surname																			L		\perp			
Name																			L					
Travel Doc. or ID Card No.																				L				
Date of birth	D	D	М	М	Υ	Υ	Υ	Υ																

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.									
Applicable in case a multipl	e entr	y visa is	applied 1	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 consent to Identità to complete the necessary background checks and relative verification performed in the course of the visa application process. I acknowledge that Identità engages an external service provider to perform administrative and non-judgmental tasks related to the entire lifecycle of the visa application process. I further acknowledge that, as part of its duties, the external service provider shall perform the dynamic background checks on Identità's behalf, wherein it may consult authorized third parties, databases and other sources including but not limited to, public sources, such as the internet, and returning relevant information to Identità by reference to the information I have provided in my D-Visa application.														
Such data as well as data or or extend a visa issued will Visa Management System (authorities and the authoritimmigration and asylum autinto, stay and residence on fulfil these conditions, of exauthority of Malta responsi and Identità (Ministry for He	be ent NVMS ties co thoriti the te camini ble for	tered int) for a m ompeten es in Ma erritory c ng an as r proces	o, and st naximum t for carr lta for th of Malta c sylum app sing the o	ored in the period of the purpor of the purp	the Visa of five y t check ses of v lled, of i n and of vested j	Mear s or erif den det	anagemens, during on visas at fying when tifying potermining	ent Syst which is Malta's ether the ersons grespos	tem kno it will be s extern ne condi who do nsibility	wn as e acce al boo tions not o for su	s (VM essib rders for t or wh uch e	MS) of the second of the secon	r Nat the v hin M gal e longe inatio	ional visa alta, ntry er on. The
Personal data will be proce that I have the right to obto Malta it has been transmitt relating to me processed ur inform me of the manner in corrected or deleted, include Data Protection Commission	ain a n ed, an nlawfu which ding th	otification od to requilly be de on I may e one relate	on of the uest that eleted. At xercise m d remedi	data re t data re t my exp ny right es acco	elating to elating to press rec to chec ording to	o m o m que k th	ne recordene which est, the aune person elements	ed in the is inacouthority hal date	ne VMS, curate by examina concer	to whoe corning manning of the contract the	rectory ap me of the	autho ed ar oplico and h	orities nd the ation ave t rmati	within at data will hem on and
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

CENTRAL VISA UNIT
Valley Road, Msida, MSD 9020 MALTA
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