



TAQSIMA ĊENTRALI TAL-VIŻA
CENTRAL VISA UNIT

LONG STAY MALTESE (D) VISA APPLICATION

01 **APPLICANT'S DETAILS**

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other

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

Current Occupation

Gender ☐ Male ☐ Female ☐ Other

Marital Status ☐ Never Married ☐ Married ☐ Separated ☐ Other

CONTACT DETAILS

Fixed Telephone No.

Mobile No.

Personal Email Address

PASSPORT DETAILS

(Passport on which visa shall be affixed, all passport details shown below must be provided)

Type of Travel Document ☐ Ordinary ☐ Diplomatic ☐ Service ☐ Special
☐ Temporary ☐ Other

If other specify here

Travel Document No.

Issuing Country

Date of Issue**Valid until**

02 TRAVEL INFORMATION APPLICATION'S DETAILS

Purpose of travel	<input type="checkbox"/> Professional/Business	<input type="checkbox"/> Cultural	<input type="checkbox"/> Sports
	<input type="checkbox"/> Official Visit	<input type="checkbox"/> Medical Reasons	<input type="checkbox"/> Study
	<input type="checkbox"/> Adoption	<input type="checkbox"/> Court	<input type="checkbox"/> Diplomat
	<input type="checkbox"/> Employment	<input type="checkbox"/> Family Member - Diplomat	<input type="checkbox"/> Family Reunification
	<input type="checkbox"/> Family Member of an EU National	<input type="checkbox"/> Humanitarian	<input type="checkbox"/> Religious
	<input type="checkbox"/> Long-term/Non-Tourism	<input type="checkbox"/> Lost or Expired Documents	<input type="checkbox"/> Training
	<input type="checkbox"/> Scientific Researcher	<input type="checkbox"/> Temporary Employment	<input type="checkbox"/> Voluntary Work
	<input type="checkbox"/> Working Holidays	<input type="checkbox"/> Sports Trials	

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Tentative Date of Arrival								D	D	M	M	Y	Y	Y	Y	Tentative Date of Departure								D	D	M	M	Y	Y	Y	Y
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Current Country of Residence at time of application

Applicant's Home Address in Full

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Applicant's Accommodation Details in Malta

Address	<div></div> <div></div>
City	<div></div>
Postcode	<div></div>

03 HOST DETAILS IN MALTA

Host	<input type="checkbox"/> Person	<input type="checkbox"/> Organisation	
Organisation's Name	<div></div>		
Full Name of Host	<div></div>		
Address	<div></div> <div></div>		
City	<div></div>		
Postcode	<div></div>		
Identity Document Number	<div></div>		
Fixed Telephone No.	<div></div>		
Mobile No.	<div></div>		
Email Address	<div></div>		
Who is paying	<input type="checkbox"/> Myself	<input type="checkbox"/> Host Person	<input type="checkbox"/> Host Organisation

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.

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5 of 5