



**EXPATRIATES UNIT
EU BLUE CARD CHANGE OF EMPLOYMENT NOTIFICATION FORM**

THIS FORM IS APPLICABLE TO EU BLUE CARD PERMIT HOLDERS WHEN NOTIFYING IDENTITÀ OF A CHANGE OF EMPLOYMENT

01 **APPLICANT'S PERSONAL DETAILS**

Identity Document No. _____

Surname _____

Name _____

Current Nationality _____

Nationality at Birth _____

Country at Birth _____

Place of Birth _____

Marital Status Single Married Seperated Divorced Widowed

Gender Male Female Unspecified

Date of Birth _____

Travel Document Type Passport Foreign ID Other (Specify) _____

Travel Document No. _____

Country of Issue _____

Date of Issue _____ **Valid Until** _____

Address in Malta _____

_____ **Post Code** _____

Telephone No. _____

Mobile No. _____

Email Address _____

02 DECLARATION BY THE APPLICANT

I understand that in case my EU Blue Card application is successful, a VISA application with the respective competent authorities may be required. In this regard, I further extend my authorisation to my employer to keep track of my Visa Application process and have visibility as to the status of the said application.

I, hereby declare that:

- The information given in this application is true to the best of my knowledge and belief, and that no details that could be of direct importance during the application's consideration have been omitted;
- I shall notify Identità of any change of address;
- I shall once again notify Identità should I change my employer;
- I shall inform Identità within three (3) days of a lost card, providing an official Police Report.

I understand that:

- a. I will remain compliant with the provisions of Subsidiary Legislation 217.27, which transposes Directive (EU) 2021/1883 of the European Parliament and of the Council of 20 October 2021.

Tick where applicable

- I declare that I wish to proceed with applying for an electronic identity account.
- I declare that I do not wish to proceed with applying for an electronic identity account.

Applicant's Signature _____

Date _____

03 EMPLOYER'S DETAILS

Employer's / Company's Name _____

Employer's Address _____

_____ Post Code _____

Telephone No. _____ Mobile No. _____

Email Address _____

VAT Registration No. _____

Employer Registration No. _____

04 EMPLOYMENT DETAILS

Job Title _____

Annual Gross Salary
(Excluding bonuses & allowances) _____

Additional Income
(Bonuses & Allowances) _____

Expected Period of Employment From _____ to _____ or Indefinite

Place of Work Malta Gozo Locality (Specify) _____

Weekly Hours of work _____

Overtime Rates _____

Scope of / Need for Position _____

Essential Duties _____

Highest Level of Education Primary Education

Secondary Education

Post-Secondary Education

Undergraduate Education

Postgraduate Education

Postgraduate Diploma

Master's Degree

Doctorate

Field of Study/ Specialisation

Country where the highest qualification was obtained

Is qualification recognised by the Malta Qualifications Recognition Information Centre (MQRIC)?

Yes

No

Not Applicable

Minimum Experience Required (Number of years)

05 DECLARATION BY THE EMPLOYER

I declare, understand and confirm, that:

- The employment conditions related to this employment are in line with the Employment and Industrial Relations Act, Chapter 594 of the Laws of Malta, and other applicable laws.
- Any changes to designation or contract will be communicated to Identità on eubluecard.identita@gov.mt
- I acknowledge that the employee may only initiate employment once issued with a temporary authorisation to work and/or EU Blue Card.
- I commit to registering employment engagement with Jobsplus as soon as the authorization to work is issued, as per established employment laws and regulations.
- I commit to register the notice of termination of employment with Jobsplus as per established employment laws and regulations.
- I declare that _____ (Full Name) _____ (Travel Document No.), has required knowledge, qualifications and/or experience to perform work as _____ (Job title) at/with _____ (Employer Name) in line with the provisions of Subsidiary Legislation 217.27.
- If the applicant will be performing a regulated profession the employer must ensure that the applicant is registered with the respective regulatory body prior to the submission of the application for an EU Blue Card.
- I hereby declare that the company will take full responsibility in relation to what is being declared above and to substantiate the individual's suitability for the position offered if or when so requested and assume any liability in connection with any issue arising or which may arise as a consequence of the decision to engage his/her services and in relation to the prospective employee's performance in relation to the work he/she shall be engaged to perform. Furthermore, I am aware that should this position require any warrant/permit/approval from any Constituted Body/ Authority prior to employment, it is my responsibility to see that this authorisation is in hand.
- Applicant will be provided with a copy of his engagement and termination forms as soon as these are submitted to Jobsplus.

I do hereby affirm and declare that all information and particulars furnished by my end all throughout the application form are true and correct to the best of my knowledge.

Employer's Signature / Responsible Official _____

Seen by Applicant _____ **Date** _____

06 DECLARATION BY THE LANDLORD – (TO BE FILLED IF THE APPLICANT'S ADDRESS 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. _____

**Number of Persons Residing in the
residence** _____

Address of Landlord _____

_____ **Post Code** _____

Email Address _____

Landlord's Signature _____

Date _____

checklist

- 01 EU Blue Card Change of Employment Notification Form** – The Application Form must be fully completed and signed.
- 02 Identification Documents** – Passport and Residence Card – A copy of the applicant's passport bio-page, valid for more than eight (8) months, & a front and back copy of the Residence Card.
- 03 Work Contract** - Work employment contract signed by both the applicant and employer. The basic wage and the duration of employment should be included in the contract, in line with DIER regulations. The salary has to be 1.5 x the average gross annual salary in Malta as published by the NSO in the Labour force survey.
- 04 Property Lease or Purchase Agreement** (In case of change of address) – Lease or purchase agreement of property which clearly indicates applicant's name as the lessee or purchaser (as applicable). A lease agreement is to include the start and end date.
 - Applicants who will be residing in a Hotel / Guest house as their main residency should fill in the Keeper's Declaration Form.
 - Applicants who will be provided with free accommodation should fill the Declaration of Accommodation.
- 05 Housing Authority Approval** (In case of change of address) – Approval letter/e-mail issued by the Housing Authority, confirming that either the listed premises contract has been renewed or that a new registration of the property has been vetted and approved. This requirement is in line with Article 4 of Subsidiary Legislation 604 of the Laws of Malta.
- 06 Lease Agreement Professional Attestation Form** (In case of change of address) – To be filled and signed by the landlord and also filled and officially stamped by a lawyer/notary /legal procurator.
- 07 Other Documents** - Any other applicable document requested by Identità.