



APPLICATION FOR A RESIDENCE PERMIT

- Partner (in a relationship of a duration 2 years or more)
- Partner (in a relationship of a duration less than 2 years)
- Religious Posted Worker Working Holiday
- Humanitarian Grounds Health
- Pensioner Temporary

1. Applicant Personal Details

Surname:	
Former Surname (if applicable):	Forename (s):
Current Nationality:	Nationality at birth (if different):
Country of Birth:	Place of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY):
Travel Document Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign ID <input type="checkbox"/> Other (specify): _____	
Travel Document No:	Country of Issue:
Date of Issue (DD/MM/YYYY):	Valid Until (DD/MM/YYYY):

Address in Malta:

Property No:	
Property Name:	
Street:	
Locality:	
Telephone:	Mobile:
E-mail:	

Permanent Address Abroad:

Door:
Street:
Locality:
Country:
Telephone:

Bar Code

Application No

Person Registration No

New Application
 Renewal
Current Permit No.

Received by:

Vetted by:

Permit Decision:

Approved
Validity: _____

Temporary
Validity: _____

Refused
Validity: _____

Conditions:

Card Permit No.

Date of First Settlement in Malta (DD/MM/YYYY):

Intended Duration of Stay in Malta:

Country of Residence prior to Settlement in Malta:

Intended Country of next Settlement:

2. Personal Details of Sponsor (to be filled in by applicants applying as 'Partners')

Residence Permit No/Application No/ID Card Number:

Surname:

Former Surname :

Name :

3. Details of Religious Order (to be filled by applicants applying under 'Religious Purpose)

Name of Religious Order:

Head of Congregation:

Address :

Door:

Street:

Locality:

Post Code:

E-mail:

Telephone:

Mobile:

4. Employer Details (to be filled in by applicants applying under 'Posted Workers')

Employer/Company Name:

Contact Persons:

Address :

Door:

Street:

Locality:

Post Code:

E-mail:

Telephone:

Mobile:

5. Declaration

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.

Signature of Applicant

Date

6. Data Protection

All personal details are processed in a confidential manner and in accordance with the Data Protection Act, Chapter 440 of the Laws of Malta. The Data Controller is the Director for Citizenship and Expatriate Affairs.

Information furnished in this application form together with any biometric data that is required to be collected and any other subsequent information which may be provided by you at a later stage, are mandatory for processing the application for the purposes of issuing a Residence document. Such data as well as data concerning any decision taken on your application may be accessed by the Department for Citizenship and Expatriate Affairs, the Immigration Authorities, Police Authorities, the Ministry of Foreign Affairs and any other government department and/or public organisation that may be involved in the process of evaluating your application form, in line with Maltese law. This information may also be disclosed to other competent authorities in other EU member states if required, in line with Maltese legislation and applicable EU legislation

In the course of evaluating your application, the Department for Citizenship and Expatriate Affairs may also enquire information about you from other government departments, authorities or other organisations which may need to be taken in consideration to process your application form.

All details supplied by you (the applicant) are registered in a database regarding the processing of residence documents .

You have the right under the Data Protection Act to enquire about information that is being processed about you, and to request rectification of inaccurate data and the blocking or deletion of such personal data that has not been processed in accordance with the Act The national supervisory authority of Malta, the Office of the Information and Data Protection Commissioner [idpc.info@gov.mt] will hear claims concerning the protection of personal data.

Such requests to access personal data held by the Department are to be made in writing and have to be addressed to:

The Data Protection Officer
Department for Citizenship and Expatriate Affairs
3 Castille Place
Valletta

Signature of Applicant

Date

7. Supporting Documents

In the case of:

(a) Partner

- Original and full copy of passport (blank pages are not required)
- Original and copy of Bank statements/ payslips of sponsor
- Original and copy of a comprehensive health insurance
- Proof of durable relationship for the last 2 years
- Original and copy of residence permit, ID card, or the acknowledgement receipt of the residence permit application

(b) Posted Worker

- Original and full copy of passport (blank pages are not required)
- Original Letter from the host company
- Original Letter from the mother company
- Original and copy of a comprehensive health insurance (only required if the worker is not paying any taxes and National Insurance contributions in Malta)
- Original and copy of registration letter from the Department, Industrial and Employment Relations

(c) Working Holiday

- Original and full copy of passport (blank pages are not required)
- Original and copy of Letter from the Malta High Commission in Australia

(d) Health reasons

- Original and full copy of passport (blank pages are not required)
- Original and copy of Medical documentary evidence
- Original and copy of a comprehensive health insurance
- Proof of financial resources

(e) Humanitarian reasons

- Original and full copy of passport (blank pages are not required)
- Any documentation (original and copy) to justify his/her request

(f) For religious purposes

- Original and full copy of passport (blank pages are not required)
- Original and copy Letter from the religious community
- Original and copy of evidence of insurance coverage

Note: The Department reserves the right to request any other additional document to process the application

8. Notes to Applicants

- This application is to be submitted by persons who are not nationals of an EU Member State, Iceland, Liechtenstein Norway or Switzerland.
- Applications, when submitted whilst person is in Malta, will be accepted only if such person is covered by an authorization of stay in Malta.
- Such person is required to fill in the appropriate application form depending on the purpose for which the residence permit is requested:

Employment	CEA Form C
Economic Self-sufficiency	CEA Form K
Study	CEA Form N
Long term resident	CEA Form L
Family Member	CEA Form G
International/National Protection	CEA Form I
<input type="checkbox"/> Other purposes:	CEA Form O
<i>Partner</i>	
<i>Religious</i>	
<i>Posted Worker</i>	
<i>Working Holiday</i>	
<i>Humanitarian Grounds</i>	
<i>Health</i>	

Further information regarding the issue of residence permits in Malta is available on information leaflet CEA L8.

- Only one application for a residence permit for a specific purpose of stay will be considered at any one time.
- All required documents together with photocopies thereof should be enclosed with an application. English translation of documents are required, if applicable.
- Applications in respect of minors, that is, persons who are still under 18 years of age, are to be submitted and signed by the parent/s or a person who has guardianship of the child. The relative documentation attesting the said authority over the child would have to be submitted.
- Application fee, if applicable, is to be paid in full upon application and is non refundable.
- Persons concerned are being reminded that, without prejudice to any legal action that may be taken against them if false information is deliberately given, this would lead to the rejection of the application.