







# CITIZENSHIP UNIT AFFIDAVIT

| Today the day           | of    |        |      |      |     |     | _       |   |   |          | of | the | ye | ar |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
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| I/we the undersigned;   |       |        |      |      |     |     |         |   |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
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| Do hereby declare unde  | er oa | enth t | that | t;   |     |     |         |   |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
| Identity Document / Pas |       |        |      |      |     |     |         |   |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   | _ |
| Signature of Applicant  |       |        |      |      |     |     |         |   |   |          |    |     |    |    |  |              |  | _        |      |  |          |          |  |          |          |              |              |              |         |   |   |
| Identity Document / Pas | spc   | ort n  | um   | nbei | r L |     | <u></u> |   |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
| Signature of Applicant  |       |        |      |      |     |     |         |   |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
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| Sworn/Affirmed before   | me a  | at     |      |      |     |     |         |   |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
| this day of             |       |        |      |      |     |     |         | 2 | 0 |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |
| Signature and Stamp (C  | omi   | mis    | sio  | nor  | for | Oat | the     | ١ |   |          |    |     |    |    |  |              |  |          |      |  |          |          |  |          |          |              |              |              |         |   |   |

#### **PRIVACY POLICY**

By submitting the Affidavit Form - Citizenship and the attachment(s) required (altogether the "Form"), you provide Identity Malta Agency ("IMA") with personal data (the "Data") and thus become a "data subject".

The aim of this policy is to comply with our transparency and fairness obligations under GDPR and to inform you about who will be processing your Data, for what purpose, for how long it will be kept, with whom it will be shared and about your rights as a data subject under GDPR.

You may submit personal data of individuals other than yourself with this Form (i.e. recommenders, witnesses, etc.). IMA has assessed that, in said cases, informing these individuals proves impossible and would involve a disproportionate effort. IMA will still take appropriate measures to protect the rights, freedoms and legitimate interests of these individuals.

#### 1. Data Controller and Data Protection Officer

IMA is the data controller, meaning the entity that defines the purposes and means for collecting and processing your Data in relation to this Form.

IMA is an Agency of the Government of Malta, delivering services related to Citizenship, Identity Cards, Passports, Visas, Expatriates and Public Registry.

IMA's Data Protection Officer is responsible to attend any query related to this policy and in general to personal data processing activities conducted by IMA. The Data Protection Officer may be contacted using the details below.

Postal Address:

Data Protection Officer Identity Malta Agency Castagna Business Centre, Valley Road, Birkirkara, BKR 9021 Malta *E-mail:* dataprotection@identitymalta.com

#### 2. Purposes and legal basis

The purposes for processing personal data collected within this form are to process citizenship applications and populating Identity Malta Agency's databases.

The legal basis for processing the Data are the performance of a task carried out in the public interest by Identity Malta and in compliance with the legal obligation deriving from CAP 188, to which Identity Malta is subject. We take pride in keeping your data secure and will take appropriate technical and organisational measures to protect your data against unauthorised or unlawful processing, including against accidental loss, destruction, storage or access. Your personal data will be stored in paper files and/or electronically on our technology systems.

#### 3. Recipients of personal data

Data will be accessed by Identity Malta employees in charge of processing the Form.

It may also be transferred to other departments within Identity Malta in order to facilitate the delivery of the service requested by submitting this Form.

This will be done in line with data protection legislation, and arrangements are in place in order to guarantee the security and lawfulness of these transfers.

Under certain conditions, IMA may disclose your information to other third parties, (such as other Government entities or law enforcement authorities) if it is necessary and proportionate for lawful, specific purposes.

Data will not be transferred to third countries or international organizations.

#### 4. Storage period

Data will be retained indefinitely from the date of submission of this Form.

### 5. Your rights

You can contact the Data Protection Officer in order to exercise your right to access, rectify and, as the case may be, erase the Data, in compliance with applicable laws.

You also have the right to object to the processing of Data at any time, on grounds relating to your particular situation. If you feel that Identity Malta has infringed your data protection rights, you may submit a complaint to the supervisory authority of the Member State of your habitual residence or place of work, or, alternatively, to the supervisory authority of the Member State where the alleged infringement has taken place.

## 6. Changes to this Privacy Policy This policy is subject to change. Please visit https://identitymalta.com/privacy-policies regularly to familiarise with any

| amendment.                |                    |  |  |  |  |  |  |  |  |  |  |
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| (insert name and surname) |                    |  |  |  |  |  |  |  |  |  |  |
| identity document number  |                    |  |  |  |  |  |  |  |  |  |  |
| Signature                 | Date D D M M Y Y Y |  |  |  |  |  |  |  |  |  |  |

**IDENTITY MALTA AGENCY** 

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