

Ref. No. \_\_\_\_\_

**MALTA VISA APPLICATION CENTRE**

**CHECKLIST FOR A SCHENGEN VISA FOR APPLICATIONS FOR FAMILY REUNIFICATION TO  
JOIN AN EU/EEA CITIZEN (DEPENDENT RELATIVE) IN MALTA**

NAME:

PURPOSE OF VISIT:

PASSPORT NO:

GROUP NO. (IF APPLICABLE)

		Yes	No	Remarks
1.	One (1) completed and signed visa application form duly filled in English.			
2.	Valid passport with validity of at least three (3) months after expiry of the visa and should contain at least 2 blank pages.			
3.	One (1) photocopy of passport (empty pages need not be photocopied).			
4.	Two (2) passport-size photographs bearing a true image of the applicant.			
5.	National Identity Card			
6.	Confirmed air ticket/s. If ticket is presented, a copy is retained.			
7.	Proof of a valid Schengen-compatible health insurance policy, either individual or group, with a minimum coverage of 30,000 Euro.			
8.	Civil status certificates proving relationship to EU/EEA national.			
9.	Copy Registration Certificate of EU/EEA national residing in Malta			
10.	Documentary evidence proving that relative is dependent on EU/EEA citizen/spouse residing in Malta			

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Submission Officer to delete as appropriate:

(a) The applicant has confirmed that he/she has no other supporting documents to submit.

(b) The applicant has submitted the supporting documents above. I have advised him/her that failure to submit all necessary documents may result in the application being refused and visa fee is non-refundable. He/she has chosen to proceed with the application.

Submission Officer Signature

Applicant Signature

Date

Name of Accredited Travel Agent  
(if application is being submitted by agent)