Ref. No.	
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MALTA VISA APPLICATION CENTRE

CHECKLIST FOR A SCHENGEN VISA FOR AIRPORT TRANSIT

NAME:	PURPOSE OF VISIT:	
Passport No:	GROUP NO. (IF APPLICABLE)	

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		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 to final destination. 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.	Valid entry visa for country of destination.			
9.	Non-gcc/Yemen citizen: Valid Entry/Exit Visa or residence permit valid for 3 months after return. National Identity Card should be presented where applicable.			
10.	FOR MINORS (UNDER 18 YEARS OF AGE): Birth certification of minor			
	Authorization of the both Parents or Legal Guardian			
	Copy of Passport Data Page of both Parent or Legal Guardian			
	In case of guardianship, documentary evidence proving			

	status							
Submission Officer to delete as appropriate:								
	(a)	The applicant has confirmed that he/she has no other st	ıpportin	g docur	ments to submit.			
	(b)	The applicant has submitted the supporting documents all necessary documents may result in the application be has chosen to proceed with the application.						
	Su	ubmission Officer Signature	_		Applicant Signature			
		Date			ame of Accredited Travel Agent			