

## **DECLARATION OF PROOF**

accomodation *	<b>bearing of costs</b>
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in accordance with Article 14(4) of the Visa Code for the purpose of inviting a third-country national subject to the visa obligation  ${\bf r}$ 

I, the undersigned																																					
	Surname																																				
	Name																						Plac	e o	f Bir	rth											
Nationality											<del>                                      </del>												Identity Card														
Residence Permit No																							Pass	spoi	rt Ne	9											
Date of Issue												Place of Issue																									
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	Occupation	' <u>[</u>																																	Ш		
	declare being able to accommodate*:																																				
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	at my abovementioned address																																																
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	declare being able to bear living costs and repatriation *  - for the person(s) mentioned under 1 2																																																
	- for the person(s) mentioned under $1 \  \  \  \  \  \  \  \  \  \  \  \  \ $																																																
A	ADDITIONAL INFORMATION																																																
	the person(s) mentioned under 1 under 2 subscribe(s) to their own travel medical insurance for the duration of stay, as required by Article 12(1)(b) of the Visa Code.																																																
	I subscribe to health insurance on their behalf during the period of stay.																																																
the	I am aware that the personal data contained in this form is stored and handled by the services receiving the form, that it is stored in the Visa Information System (VIS) and made accessible to the authorities of the other Member States and I have the right to have them altered or deleted, in particular, should they be inaccurate.																																																
I a	I am aware that - if any information provided is false or incorrect, I will be liable to criminal responsibility in accordance with																																																
A A	if any information provided is false or incorrect, I will be liable to criminal responsibility in accordance with Articles 188 and 189 of the Criminal Code (Chapter 9 of the Laws of Malta); and Article 32 of the Immigration Act (Chapter 217 of the Laws of Malta) as well as any other law or regulation which may be in force at the time of the unlawful declaration.																																																
и	the original the present Declaration, duly stamped by the competent authority, must be presented in original within six (6) months to the consular authorities competent for examining the visa application of the person(s) invited																																																
I s	I solemnly declare that the information provided in this Declaration of Proof is true.																																																
Re	I solemnly declare that the information provided in this Declaration of Proof is true.  Read and approved Witnessed for certification of the signature of																																																
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Date & Place Stamp