

Declaration for a Seasonal Worker by Employer

Date: _____

I, _____,

representing the company/organisation _____

in the capacity of (e.g. Director/Manager) _____

confirm the following in support of the visa application of the seasonal worker:

Name of Applicant (Seasonal Worker) _____

Passport Number: _____

Sector of Employment: ☐ Hospitality ☐ Agriculture ☐ Marine Aquaculture

I hereby declare the following:

1. I understand and accept all the terms and conditions governing the employment of third-country nationals as seasonal workers in Malta.
2. I understand that the seasonal worker must leave the territory of Malta and the Schengen area upon the expiry of the visa.
3. I declare that the seasonal worker shall have sufficient means and resources to support himself/ herself during his/her stay in Malta and will not have recourse to any form of public social assistance.

Name & Surname

Signature of Employer/Representative