





## TAQSIMA ĊENTRALI TAL-VIŻA CENTRAL VISA UNIT

### LONG STAY MALTESE (D) VISA APPLICATION

# **01** APPLICANT'S DETAILS

Title		Mr									I	Mrs	;				С	]	M	5				]	Otl	ner
Full Legal Surname (as shown on passport)																										
Full Legal Given Name (s) (as shown on passport)																										
Identity Document Number																										
Nationality / Nationalities Currently Held																										
Place of Birth																										
Country of Birth																										
Date of Birth	D	D	Μ	M	Y	Y	Y	Y																		
Current Occupation																										
Gender			Ма	le							I	Fen	nale	e				]	Otl	her						
Marital Status			Ne	ver	Ma	rrie	ed				I	Mar	rie	d				]	Se	pa	rat	ed		]	Ot	her
CONTACT DETAILS																										
Fixed Telephone No.																										
Mobile No.																										
Personal Email Address																										
<b>PASSPORT DETAILS</b> (Passport on which visa shall be aff	ixed,	all p	assp	port	detc	ails s	show	/n be	elow	/ mu	st b	e pr	ovid	led)												
Type of Travel Document			Ord									Dip			c			]	Se	rvi	се				Spec	cial

	Tem	por	ary			•	Oth	er								
If other specify here																

02 TRAVEL INFORM	MATION APPLICATION'S DETAILS		
Date of Issue	D D M M Y Y Y Y	Valid until	D D M M Y Y Y Y
Issuing Country			
Travel Document No.			

Purpose of travel		Tourism		Busi	ness			V	<b>'isitir</b>	ng Fo	ami	ly o	r Fri	end	5		
		Cultural		Spor	ts			(	Offic	ial V	'isit						
		Medical F	leasons	Stud	у			] 4	Airpo	rt Tı	ran	sit		I		Ot	her
Please Specify																	
Main Destination																	
Border of First Entry																	
Date of First Entry in Malta	DD	MMY	Y Y Y														
Intended Duration of Stay																	
Urgent		Yes		No													
Tentative Date of Arrival	DD	MMY	Y Y Y		Tento	ative	Date	of De	epart	ure		D	Μ	М	ΥY	Y	Y
Current Country of Residence at time of application																	

### Applicant's Permanent Residential Address in Full \*

*Address 1															
*Address 2															
District															
Province															
*State															
City															
Postcode															
Country															

### Applicant's Current Residential Address \*

*Address 1															
*Address 2															
District															
Province															
*State															
City															
Postcode															
Country															

# **03** APPLICANT'S ACCOMODATION DETAILS IN MALTA

Host		Ρ	ers	on						C	Org	anis	atio	on										
Person / Organisation's Name																								
*Address 1																								
*Address 2					Ì																			
District																								
Province																								
*State																								
City																								
Postcode																								
	1				1																			
Country																								
Country																					•			
Country CONTACT DETAILS									_															
		N	Ir								Mı	S				[	М	s				]	Otl	her
CONTACT DETAILS		<b>N</b>	Ir 					<b>C</b>			M	S				<b>C</b>	M	S				]	Otl	her
CONTACT DETAILS Title Full Legal Surname (not applicable if the host is an organisation) Full Legal Given Name (s) (not applicable if the host is		N	Ir 								Mr 	S					<b>M</b>	<b>s</b>				] 	Otl	her
CONTACT DETAILS Title Full Legal Surname (not applicable if the host is an organisation) Full Legal Given Name (s)		<b>N</b>	Ir 								Mr 	S					<b>M</b>	s				]	Oti	her
CONTACT DETAILS Title Full Legal Surname (not applicable if the host is an organisation) Full Legal Given Name (s) (not applicable if the host is		N	Ir 								Mı	S					<b>M</b>	s  _  _				] 	Ot	her
CONTACT DETAILS Title Full Legal Surname (not applicable if the host is an organisation) Full Legal Given Name (s) (not applicable if the host is an organisation) Identity Document Number (not applicable if the host is			Ir 								Mı 	S					M	s				]   	Oti	her

Email Address					
Who is paying	Myself		Host Person	Host Organisation	

### **PLEASE NOTE**

Please see Declaration of Proof Form and if applicable host is required to fill in details and subsequently you are required to submit together with this form.

**PARENTAL AUTHORITY (IN CASE OF MINORS UNDER 18 YEARS OF AGE) / LEGAL GUARDIAN** 

### Parent 1 / Legal Guardian 1

* Surname																							
* Name																							
* Address 2 (if different from applicant's contact)																							
* Mobile Number																							
* Email																							
*Nationality																							
Postcode																							
Country																							
Parent 2 / Legal Guardian 2	1		I	1					I	1				I			I	I	I	I			
* Surname																							
* Name																							
* Address 2 (if different from applicant's contact)				 																			
* Mobile Number																							
* Email																							
*Nationality																							
Postcode																							
Country																							

In the case that the family member is an EU, EEA, Swiss citizen or a person who has been granted beneficiary status in Malta under the EU/UK withdraw agreement provide the following details in respect of the said family member:

* Surname																													
* Name																													
* Travel Doc. or ID Card No.																													
Date of birth	D	D M	M	Y Y	Y	Y																							
* Nationality																													
* Such details would not be	e requi	ired i	n the	e ca	se o	of a	cco	mn	nod	atio	on ir	n ar	ıy c	om	me	erci	ial j	ore	mi	ses	s su	ıch	as	ho	tel	s.			
Family Relationship		Spo	ouse							Ľ	ב	Cł	nild									]	G	ran	dc	hild			
		Dep	pend	ent	Asc	enc	lant			C	ב	Re	gis	ter	ed	Par	tne	ersl	hip				0	the	r				
Applicant's Signature														I	Dat	eo	of S	igr	nat	ure	<b>•</b>		1 C	M I	Ч	Y ,	Y,	Y	Y

05 DECLARATION

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple entry visa is applied for:

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities in Malta and processed for the purposes of a decision on my application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Management System known as (VMS) or National Visa Management System (NVMS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at Malta's external borders within Malta, immigration and asylum authorities in Malta for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of Malta are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. The authority of Malta responsible for processing the data is vested jointly in the Ministry of Foreign and European Affairs and Identità (Ministry for Home Affairs and National Security).

Personal data will be processed in accordance with the General Data Protection Regulation EU 2016/679. I am aware that I have the right to obtain a notification of the data relating to me recorded in the VMS, to which authorities within Malta it has been transmitted, and to request that data relating to me which is inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the laws of Malta. The Office of the Information and Data Protection Commissioner (idpc.info@ idpc.org.mt) will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the applicable laws of Malta.

#### **Applicant's Signature**

Date of Signature D D M M Y Y Y

# 06 SUPPORTING DOCUMENTS

- Valid Passport
- Invitation
- Means of Transport
- Health Insurance (Including repatriation if need be)
- Financial Means
- Others

**IDENTITÀ** Triq il-Wied, L-Imsida, MSD 9020, MALTA T +356 2590 4000 W www.identita@gov.mt E enquiries.identita@gov.mt CENTRAL VISA UNIT Valley Road, Msida, MSD 9020 MALTA T +356 2590 4550 W www.identita@gov.mt E visa.identita@gov.mt