long-stay visa





TAQSIMA ĊENTRALI TAL-VIŻA CENTRAL VISA UNIT

LONG STAY MALTESE (D) VISA APPLICATION

01 APPLICANT'S DETAILS

Title		Mr								l		I	Mrs	;				C]	M	5]	Ot	her
Full Legal Surname (as shown on passport)																											
Full Legal Given Name (s) (as shown on passport)																											
Identity Document Number																											
Nationality																											
Other Nationalities if applicable																											
Place of Birth																											
Country of Birth																											
Date of Birth	D	D	М	Μ	Y	Y	Y	Y	T																		
Current Occupation																											
Gender			M	ale								I	Fen	nale	e]	Ot	her						
Marital Status			Ne	eve	r N	lar	rie	d				ľ	Maı	rie	d			С]	Se	pa	rat	ed]	Ot	her
CONTACT DETAILS																											
Fixed Telephone No.																											
Mobile No.																											
Personal Email Address																											
PASSPORT DETAILS (Passport on which visa shall be aff	ixed,	all p	ass	por	t de	tail	s sh	IOWI	n be	low	mu	st b	e pr	ovid	led)												
Type of Travel Document		(Orc	dino	ary	,				I		I	Dip	om	nati	с		С]	Se	rvi	ce			;	Spe	cial
		-	[en	סמר	ora	rv						(Oth	er													

If other specify here																													'		
Travel Document No.																															
Issuing Country																															
Date of Issue		D	D	M	M Y	Y	γ	Y]	<u> </u>	1					Val	id u	Inti	il	<u>I</u>	D	D	М	M	IY	Y	Y	γ γ			
02 TRAVEL INFO	RMAT	ION	APP	PLIC	ΑΤΙΟ	N'S	6 DE	TAI	LS																						
Purpose of travel		Pro	fess	sion	al/B	usir	ness	6				ו	C	ultu	ıral					C		S	роі	rts							
		Off	icia	ıl Vi	sit						C		Μ	edi	cal	Re	asa	ons	;	[S	tuc	y							
		Ado	opti	on							С]	C	our	t					[D	ipl	om	at						
		Em	ploy	/me	nt						C]	Fo	ami	ly N	<i>l</i> len	nbe	er -	Dip	lon	nat]	Fo	ami	ly F	Reu	nifi	cat	ion
		Fan	nily	Mei	nbe	r of	an	EU	Na	tio	nal	l]	Hu	Ime	anit	ari	an			ו	R	elig	iou	IS			
		Lon	ng-to	erm	/Noi	n-To	ouri	sm]	Lo	st c	or E	xpi	red	D	ocu	me	nts		C]	Т	rair	ning	ł			
		Sci	enti	ific I	Rese	arc	her]	Те	mp	oro	ıry	Em	plo	ym	ent	t		C]	V	olu	nta	ıry \	Wo	rk	
		Wo	rkin	ng H	olida	ıys																									
If employment please Specify Job title corresponding to the	Malte		-	-																											
Border of First Entry																															
Tentative Date of Arri	val	D	D	M	ЧY	Y	Y	Y						Ter	nta	tive	e Do	ate	of	Dep	oar	tur	e	D	D	Μ	Μ	Υ	Y	Υ	Y
Current Country of Residence at time of application																													'		
Applicant's Home Add	lress i	n Ful	ı																												
Address																															
District																															
Province																															
State																															
City																															
Postcode																															_
Country																															

Applicant's Accommodation Details in Malta

Address															
City															
Postcode															

03 HOST DETAILS IN MALTA

Host	Pe	erso	n			I	•	Org	jan	isa	tio	n												
Organisation's Name																								
Full Name of Host																								
Address																								
City																								
Postcode																								
Identity Document Number																								
Fixed Telephone No.																								
Mobile No.																								
Email Address																								
Who is paying	М	yse	lf			۵	F	los	t P	ers	on				Но	ost	Or	ga	nis	atio	on			

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.

Q4 PARENTAL AUTHORITY (IN CASE OF MINORS UNDER 18 YEARS OF AGE) / LEGAL GUARDIAN

Parent 1 / Legal Guardian 1

Surname																	
Name																	
Nationality																	
Mobile Number																	
Email																	
Address (if different from applicant's contact)																	
Postcode																	
Country																	
Parent 2 / Legal Guardian 2																	
Surname																	
Name																	
Nationality																	
Mobile Number																	
Email																	
Address (if different from																	
applicant's contact)																	
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	DD	M	M Y	Y Y	Y																			
Nationality																								
Family Relationship		Spou	use					(Chil	d								C	Gra	ndo	chilo	I		
		Depe	ender	nt Asc	end	ant		I	Regi	ste	red	Par	tne	ersh	ip	I		C	Oth	er				
Applicant's Signature											Da	te c	of S	ign	atu	ire	D	D	Μ	М	Y	Y	ΥY	,

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.

I hereby grant my explicit consent to Identità to complete the necessary background checks and relative verification performed in the course of the visa application process. I acknowledge that Identità engages an external service provider to perform administrative and non-judgmental tasks related to the entire lifecycle of the visa application process. I further acknowledge that, as part of its duties, the external service provider shall perform the dynamic background checks on Identità's behalf, wherein it may consult authorized third parties, databases and other sources, including but not limited to, public sources, such as the internet, and returning relevant information to Identità by reference to the information I have provided in my D-Visa 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 Y

06 SUPPORTING DOCUMENTS
Valid Passport
Invitation
Means of Transport
Medical and Travel 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

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