

DECLARATION OF PROOF

	_	
accomodation *		bearing of costs *

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 Surname														
			<u> </u>		DI CD: /	<u> </u>									
	Name		<u> </u>		Place of Birth	<u> </u>									
	Nationality	Ш			Identity Card										
	Residence Permit No				Passport No										
	Date of Issue		Place of Issue												
	Address														
						Owner Tenant									
			<u> </u>												
	Occupation														
	declare being able to accommodate*:														
1	Surname														
	Name				Place of Birth										
	Nationality				Passport No										
	Address														
						<u> </u>									
			<u> </u>												
	Relationship to the invitee														
2	Surname					$\overline{1111111111}$									
	Name		<u> </u>		Place of Birth	++++++									
			<u> </u>		<u> </u>	 									
	Nationality				Passport No										
	Address														
	Relationship to the invitee					\top									
3	From	Until													
	Day Month Year	1	Day Month Year												

	at my abovementioned address																																											
	at the following secondary address:																																											
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	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.															e																												
	I subscribe to health insurance on their behalf during the period of stay.																																											
tha	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 am aware that																																											
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.																																											
w	- 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.																																											
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Date & Signature of the Invitee Date																																												
Do	CU	men																																										
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Th	e c	ссо	mo	da	tio	n c	oi	ndi	tio	ns												The level of financial means of the Invitee																						
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Date & Place Stamp