



**TAQSIMA ĊENTRALI TAL-VIŻA  
CENTRAL VISA UNIT**

**LONG STAY MALTESE (D) VISA APPLICATION**

**01 APPLICANT'S DETAILS**

Title  Mr  Mrs  Ms  Other

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

Current Occupation

Gender  Male  Female  Other

Marital Status  Never Married  Married  Separated  Other

**CONTACT DETAILS**

Fixed Telephone No.

Mobile No.

Personal Email Address

**PASSPORT DETAILS**

(Passport on which visa shall be affixed, all passport details shown below must be provided)

Type of Travel Document  Ordinary  Diplomatic  Service  Special  
 Temporary  Other

If other specify here

Travel Document No.

Issuing Country

Date of Issue  Valid until

## 02 TRAVEL INFORMATION APPLICATION'S DETAILS

Purpose of travel  Tourism  Business  Visiting Family or Friends  
 Cultural  Sports  Official Visit  
 Medical Reasons  Study  Airport Transit  Other

Please Specify

Main Destination

Border of First Entry

Date of First Entry in Malta

Intended Duration of Stay

Urgent  Yes  No

Tentative Date of Arrival  Tentative Date of Departure

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





**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 required in the case of accommodation in any commercial premises such as hotels.

Family Relationship	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
	<input type="checkbox"/> Dependent Ascendant	<input type="checkbox"/> Registered Partnership	<input type="checkbox"/> Other

Applicant's Signature \_\_\_\_\_

Date of Signature D D M M 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 Y

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## 06 SUPPORTING DOCUMENTS

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