

Malta Permanent Residence Programme FORM MPRP 2

Personal Details



Residency Malta Agency, Zentrum Business Centre, Level 2, Mdina Road, Qormi, QRM 9010, Malta

customercare.residencymalta@gov.mt

Please read the document list, checklist and guidelines prior to completion of this form

Please type in your response. Handwritten forms will not be accepted. Use blue ink only for signatures, tick boxes and strikethroughs.

Affix photograph here 30mm x 40mm

Part A is to be filled by the Main Applicant and any Dependants.

Part C is to be filled only by the Main Applicant and the Benefactor (where applicable).

Part A

A1. Title (Mr / Mrs / Miss / Ms / Other)	A2. If applicable, full legal name in ethnic script
A3. Full legal surname (exactly as per passport)	A4. Full legal given name(s) (exactly as per passport)
A5. Full legal first and middle names (as per birth certificate, only if different from A4)	A6. If applicable, explanation for difference in A4 and A5
A7. Other names including name at b	irth, maiden names, previous married name(s) and/or aliases
A7.1 Other surnames	
A7.2 Other first and middle names	
A7.3 Explanation	
A7.4 Date of name change (where applicable)	
A8. Place of birth	A9. Country of birth
A10. Date of birth (dd/mm/yyyy)	A11. Gender
	☐ Male ☐ Female ☐ Other
A12. Tick as applicable	
Main Applicant	☐ Benefactor
☐ Spouse	Other relationship (please specify)

A13. Nationality / nationalities currently held							
A14. Previous nationality / nationalities held, lost, renounced or deprived, including dates							
A15. Status (select as appropriate)	List the date(s) and place	e(s) that th	nis status was reg	istered			
A15.1 Never married	Date (dd/mm/yyyy	')		Place			
A15.2 Married (if married more than once, include details in Part B)							
A15.3 Divorced							
A15.4 Legally separated							
A15.5 Widowed							
A15.6 Other (please specify)							
A16. Other countries where authorised to temporarily or permanently reside (including validity dates if applicable – continue on Part B or on additional pages if necessary quoting Section A16)							
A16.1 Country	A16.2 Date of issue (dd/mm/yyyy)		Date of expiry //mm/yyyy)	A16.4 Actual duration of stay	A16.5 No expiry		

	a holder of multiple valid pass tional pages if necessary quot		rt details must be provided – continue
	A17.1 Pass	port 1	A17.2 Passport 2
A17.3 Issuing country			
A17.4 Passport number			
A17.5 Place of issue			
A17.6 Date of issue			
A17.7 Date of expiration	1		
A18a. Identity card num	ber and issuing country (mar	ndatory for count	ries where applicable)
A18a.1 ID No.		A18a.2 Coun	try
A18b. Tax Identification	on number and issuing count	ry (mandatory fo	r countries where applicable)
A18b.1 Tax Identification	n number	A18b.2 Coun	try
A19. Main residential ad	dress in full		
Line 1			
Line 2			
District			
Province			
State			
City			
Postcode			
Country			
A20. Alternative residen	tial address in full (if applicab	ole)	
Line 1			
Line 2			
District			
Province			
State			
City			
Postcode			
Country			
A21. Fixed telephone nu	mber		
A22. Mobile telephone n	umber		
A23. Personal email add	ress		

A24. Current primary occupation	A25. Employment status
	Self-Employed Employee of a company
A26. Sector and type of business	
A27. Name of business or employer	A28. Entity or employer's company website address
A29. Business or employer address	A30. Business telephone number
	A21 Rusiness email

A32. Details of all residential addresses for the past 10 years (not excluding any period of time)

From (month/year)	To (month/year)	Street address, district, province, state, city, postcode, country	* Local Police Clearance provided (Y-N-N/A)

^{*}Local Police Clearance is required for EACH country in which you have resided for more than 6 months.

Work and Business Information

TICK IF NOT APPLICABLE

(includ	ling all periods of ur	nemploymer	nt, retirement,	self-emplo	yme	nt, etc.)	
A33.1.1 (Occupation	A33.1.2	Name of busemployer	siness or		A33.1.3 Position	
A33.1.4 (City / town & Coun	try		A33.1.5	Ту	pe of business	
A33.1.6 Date from		(d	ld/mm/yyyy)	A33.1.7 Date to			(dd/mm/yyyy)
A33.2.1 (Occupation	A33.2.2	Name of busemployer	siness or		A33.2.3 Position	
A33.2.4 (City / town & Coun	try		A33.2.5	Ту	pe of business	
A33.2.6 Date from		(d	ld/mm/yyyy)	A33.2.7 Date to			(dd/mm/yyyy)
A33.3.1 (Occupation	A33.3.2	Name of busemployer	siness or		A33.3.3 Position	
A33.3.4 (City / town & Coun	try		A33.3.5	Ту	pe of business	
A33.3.6 Date from		(d	ld/mm/yyyy)	A33.3.7 Date to			(dd/mm/yyyy)

A33. Employment history for the past 5 years

TICK IF NOT APPLICABLE

A33.4.1 O	ccupation	A33.4.2	Name of bus employer	siness or	A33.4.3	Position	
A33.4.4 City / town & Country				A33.4.5 Ty	pe of busin	ess	
A33.4.6 Date from		(d	ld/mm/yyyy)	A33.4.7 Date to			(dd/mm/yyyy)
A33.5.1 Occupation A33.5.2 Name of bus employer			siness or	A33.5.3	Position		

A33.5.5 Type of business

A34. Details of Parent 1 (biological or adoptive)

A33.5.4 City / town & Country

A33.5.6

Date from

A34.1	Title (Mr / Mrs / Miss / Ms / Othe	r)	A34.2	If applicable	, full lega	I name in ethnic script
A34.3	Full legal surname		A34.4	Full legal firs	st / given	names
A34.5	Place of birth (city & country)	A34	.6 Citize	enship(s)	A34.7	Date of birth (dd/mm/yyyy)

(dd/mm/yyyy)

A33.5.7

Date to

A35. Details of Parent 2 (biological or adoptive)

A35.1	Title (Mr / Mrs / Miss / Ms / Other	r)	A35.2	If applicable	, full lega	Il name in ethnic script
A35.3	Full legal surname		A35.4	Full legal firs	st / given	names
A35.5	Place of birth (city & country)	A35	.6 Citize	enship(s)	A35.7	Date of birth (dd/mm/yyyy)

(dd/mm/yyyy)

Part B - Additional information

Additional information and/or description of attachments

B1. Section number	B2. Details

Part C - Source of Funds and Wealth (to be filled by Main Applicant and Benefactor, where applicable, only)

Bank Account Details

Please specify your personal bank account details from which the balance of funds payable to Residency Malta Agency will be remitted. If you fail to provide these details and/or if you remit funds to a Residency Malta Agency bank account from an account that is different from that declared here, then funds will be returned and processing of the application stops.

Bank statements of the below-specified account, covering a minimum of the previous three (3) months, from which funds for the MPRP are being remitted, are required. Statements of bank accounts which have been recently opened, are not active, or which show a zero balance, will <u>not be accepted unless</u> statements, covering a minimum of the previous three (3) months, of the Main Applicant's or Benefactor's feeder account, are provided.

C1.	Account in the name of	
C2.	Account number	C2.1 Bank SWIFT code
C3.	IBAN	

C4. Bank name		
C5. Bank address (in full)		
Source of Funds		
Guidance - Source of funds is the acti been generated, that will be used to fur		r employment from which the funds have e Programme application.
C6. Are you:		
Self-Employed	Employee of a company	Retired
Complete Source of Funds - Section 1	Complete Source of Funds - Section 2	Complete Source of Funds - Section 3
Section 1 - Self-Employed Guidance - Your annual income is earned Please provide supporting evidence of	- ·	isiness or trade that you own/control.
C7. What is your annual income?	· · · · · · · · · · · · · · · · · · ·	
C8. What is your business/compa	ny position?	
C9. Business name		
C10. Country of incorporation/regi	stration C11. Date of incorpo	oration/registration (dd/mm/yyyy)
C12. Registered office address (in	full) C13. Mailing address	s (if different from registered address)
C14. Business telephone number		
C15. Business/your email address		
C16. Business website address		
C17. Nature of the business		
C18. Geographical sphere(s) of the do business)	business activities (e.g. the location	on of the principal markets in which you

Section 2 - Employee of a company

Guidance - Your annual income is derived from working for an employer who pays your salary.

Please provide supporting evidence of your declared income (example: bank statements showing direct salary credit, tax returns, payslips, etc.)

C19. What is your annual income? (in USD, EU	R, GBP, RMB, other)
C20. What is your current occupation?	
C21. Business name of your employer	
C22. Business address of your employer (in fu	ıll)
C23. Business telephone number	C24. Your employer's company website address
Section 3 - Retired Guidance – Retirement income is income earned investments, insurance, rental income, etc. Please provide supporting evidence	through retirement saving assets, pensions, stocks, mutual funds
C25. What is your annual retirement income?	
C26. How is your annual retirement income ground consulting, etc.)	enerated? (savings, investments, involvement in firm/s,
Please continue on a separate sheet and attach	it to this form, if necessary, quoting section C26

C27. What was your annual income prior to retirement? (in USD, EUR, GBP, RMB, other)

Source of Wealth

Guidance - Source of wealth is distinct from source of funds; it is a summary of the activities which have generated your total net worth, i.e. the activities which have generated your funds and property.

C28. What is your estimated total net worth? (in USD, EUR, GBP, RMB, other)
C29. Please provide a <u>detailed statement</u> of how you have accumulated your estimated total net worth stated in C28 by listing the main types of acquisitions/dispositions, and events (such as employments, investments, donations, inheritance, etc., defining the income from each event) that have led to your wealth's accumulation.
Please continue on a separate sheet and attach it to this form, if necessary, quoting section C29
Please provide supporting evidence.
C30. List the geographical sphere(s) of the main activities that have generated your total net worth (e.g. location of real estate holdings)

C31. Financial Figures

Please continue on a separate sheet and attach it to this form, if necessary, quoting section C31

C31.1 Income from employment over the years:	C31.2 Declaration is in the following currency:

Note: For each of the entries below please fill in EITHER the Annual Income OR the Total Income

C31.3 From	C31.4 To	C31.5 Currency	C31.6 Annual Income	C31.7 Total Income	C31.8 Total Income in declared currency	C31.9 Comment (name of employer and position held)

C21 10 '	Total dac	lared lifetin	na incoma	fram amn	lovment

C31.11 Other income over the years (donations, dividends, sale of property, investment, divorce settlement, etc.)

C31.12 Date	C31.13 Currency	C31.14 Amount	C31.15 Equivalent in declared currency	C31.16 Details and information of the declared income

C31.17 Total lifetime income from other sources:				
C31.18 Total declared lifetime income (C31.10 + C31.17)				

C31.19 Accumulated Wealth - Financial Assets (example: bank deposits, investment portfolios, funds)

C31.20 Wealth Type*	C31.21 Currency	C31.22 Amount	C31.23 Equivalent in declared currency	C31.24 Details & Information	C31.25 Docs provided?
C31.26 Total Dec	lared Fi	nancial Assets in	n declared curre	ncy:	

C31.28 Accumulated wealth - Non-Financial Assets (example: real estate, company capital, valuables)

C31.29 Wealth Type*	C31.30 Currency	C31.31 Amount	C31.32 Equivalent in declared currency	C31.33 Details & Information	C31.34 Docs provided?

C31.35 Total Declared Non-Financial Assets in declared currency:	
C31.36 Total <u>Evidenced</u> Non-Financial Assets in declared currency:	

C31.27 Total Evidenced Financial Assets in declared currency:

- $\mbox{\ensuremath{^{\star}}}\mbox{\ensuremath{Values}}$ for wealth should be one of the following:
- 1 Bank deposits (this will be part of liquidity)
- 2 Financial assets (this will be part of liquidity)
- 3 Real estate
- 4 Company capital
- 5 Valuables
- 6 Cars, yachts, etc
- 7 Others

C32. List of ALL shareholdings & directorships: please provide the business licence/s and/or any shareholders' information sheet and/or any Memorandum and Articles of Association for the main company/ies from where your income was/is derived:

Please continue on a separate sheet and attach it to this form, if necessary, quoting section C32

C32.1 Company Name	
C32.2 Company registration number & Jurisdiction	
C32.3 Your percentage shareholding (%)	
C32.4 Total shares you subscribed to	
C32.5 Total shares you paid-up	
C32.6 Total Investment Cost	
C32.7 Investment Date	
C32.8 Role/s Held	

Part D - Tax

By signing this form, I confirm that I am fully aware that the permanent residency granted under the Malta Permanent Residence Programme does not provide any tax related status or benefits.

Part E - General Data Protection Regulation EU 2016/679 (GDPR) Declaration

l,			(name) of
			(address line 1)
			(address line 2)
	(District)	(Province)	(State)
	(City)	(Post Code)	(Country)
Protection Regulation being processed under Permanent Residence I	EU 2016/679 (GDPR) Dec r the grounds and for the p Programme Regulations S with the said contents, ar	the contents of the attached Form Malaration Form and declare that I conspurposes of my application for a certific L. 217.26 as subject to the contents of that I have consciously signed the same	ent to my personal data cate in terms of the Malta f the said Form MPRP 10,
Name:			
Signature:			
Date (dd/mm/yyyy):			
I have read and unders Form, on any attachmer on my behalf, are true, o	nts, whether supplied di correct and up-to-date ii information requested ir	ts in this Form and that information rectly by myself or through a third pa n every detail. I understand that if I s n this Form, my application will be ref	arty completing the Form supply false or inaccurate
F1. Name and surname	e (in block letters)		
F2. Signature		F3. Date of signatu	ure (dd/mm/yyyy)