



# Malta Permanent Residence Programme

## FORM MPRP 4A

### Dependant Declaration – Minor



RESIDENCY MALTA  
A G E N C Y

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

**[customercare.residencymalta@gov.mt](mailto: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.

### Part A - Details of Minor Dependant

<b>Full legal name and surname</b> (as per passport):
<b>Address:</b> _____ (address line 1) _____ (address line 2) _____ (District) _____ (Province) _____ (State) _____ (City) _____ (Post Code) _____ (Country)
<b>Identification document number</b> (ID/Passport):

### Part B - Declarations Minor Dependants

If the minor will not reach his twelfth (12<sup>th</sup>) birthday by the day this application is submitted, there is no need to answer questions B1 to B13. In that case, please tick the box below and proceed directly to Part C.

The minor being included in this application will not reach his twelfth (12<sup>th</sup>) birthday by the day the application is submitted.

Please read the declarations below and make the affirmations by deleting whichever option does not apply.

**I declare that:**

<b>B1.</b> The minor, who has been included in the application, <b>has / has never</b> served in the armed forces of a county/received military training;
<b>B2.</b> The minor, who has been included in the application, <b>has / has never</b> been part of a military/paramilitary organisation;

*If the minor on whose behalf the application is being submitted has served in the armed forces, received military training or been part of a military and/or paramilitary organisation, please give country, branch of service, unit number(s), dates and places of any active combat, reason for end of service(s) and enclose certified evidence of service(s) on an attached sheet quoting the part (B1–B2) to which it pertains. It is recommended that you provide as much supporting information and documentation as possible.*

- B3.** The minor who has been included in the application **has / has never** been arrested, charged, convicted, or charged and acquitted of any crime(s) against the law of any country;
- B4.** The minor who has been included in the application **has / has never** been charged/accused of illegal activity in any country;
- B5.** The minor who has been included in the application **has / has never** been directly/indirectly involved in the financing of a terrorist/criminal organisation;
- B6.** The minor who has been included in the application **has / has never** been directly/indirectly involved with any terrorist/criminal organisation;
- B7.** The minor who has been included in the application **has / has never** been under investigation, personally or as an executive/director of a company, by a law enforcement agency/tax authority;
- B8.** The minor who has been included in the application **has / has never** personally or as an executive/director of a company, been involved in bankruptcy/insolvency/liquidation;
- B9.** The minor who has been included in the application **has / has never** been refused admission to/ been unlawfully present in/been deported from, any country;
- B10.** The minor who has been included in the application **has / has never** assisted anyone to unlawfully enter/ be present/leave any country;
- B11.** The minor who has been included in the application **has / has never** been refused a residence permit in any country;
- B12.** The minor who has been included in the application **has / has never** had an application for citizenship refused in any country;

*If you have affirmed by the word "has" to any statement between B3-B12, you are required to provide a detailed explanation on an attached sheet quoting the part (B3-B12) to which it pertains. It is recommended that you provide as much supporting information and documentation as possible.*

- B13.** The minor, who has been included in the application, **is / is not** considered a Politically Exposed Person ("PEP").
- A PEP is any individual who is currently an office holder or has been an office holder in the past, or individuals who are or were formerly entrusted with high level public functions, such as, senior politicians, heads of state or government, senior judicial or military officials, officials of political parties and senior executives of state-owned enterprises. PEP definition also includes family members and close associates of a primary PEP.

*If the minor, who has been included in the application, is to be considered as a PEP, you are required to provide a detailed explanation on an attached sheet quoting Part B13.*

Please tick here if there is more information on an attached sheet.

### Part C – Minor Dependant: Parent Declaration and Consent

Part C is to be filled in and signed by the Main Applicant or the Spouse, who is to select in which role he/she is submitting the form by selecting Main Applicant or Spouse in the appropriate field. If he/she has sole custody, he/she has to denote this by ticking the box denoting sole custody.

#### Main Applicant / Spouse Declaration

I have read and understood all the requirements in this Form and that information supplied on or with this Form, on any attachments, whether supplied directly by myself or through a third party completing the Form on my behalf, are true, correct and up-to-date in every detail. I understand that if I supply false or inaccurate information, or omitted information requested in this Form, my application will be refused, even if this is found at a later stage.

<p>I, _____ (name) of          _____ (address line 1)          _____ (address line 2)          _____ (District) _____ (Province) _____ (State)          _____ (City) _____ (Post Code) _____ (Country)</p> <p>declare that the information provided in Part B with respect to          _____ (minor's name) is correct.</p>	
<p><b>Please tick as applicable:</b></p> <p><input type="checkbox"/> Main Applicant    <input type="checkbox"/> Spouse</p>	<p><b>Relationship to Minor</b> (tick as applicable):</p> <p><input type="checkbox"/> Parent    <input type="checkbox"/> Legal Guardian</p>
<p><input type="checkbox"/> <b>I confirm that I have sole custody of the dependant.</b>          Note: I am attaching the relevant documentation to this application.</p>	
<p><b>Signature</b></p>	<p><b>Date of signature</b></p>

I declare that:

- I understand that Residency Malta Agency reserves the right to verify any personal information relating to me, my family and/or other Dependants, and may carry out due diligence exercises for the purposes of this application both prior to, and following, the granting of such application;
- I am also aware that, in the course of such verification process, Residency Malta Agency may:
  - disclose to third parties any personal information about me and/or my family and/or my Dependants; and
  - obtain from public sources, government bodies and/or private agencies further information, credit reports, criminal records and/or any other kind of records deemed necessary, about me and/or my family and/or my dependants;

and to this effect I hereby release Residency Malta Agency from any responsibility and/or liability.

### General Data Protection Regulation EU 2016/679 (GDPR) Declaration

I, _____ (name) of
_____ (address line 1)
_____ (address line 2)
_____ (District) _____ (Province) _____ (State)
_____ (City) _____ (Post Code) _____ (Country)
confirm that I have read and fully understood the contents of the attached Form MPRP 10 - General Data Protection Regulation EU 2016/679 (GDPR) Declaration Form and declare that I consent to my personal data being processed under the grounds and for the purposes of my application for a certificate in terms of the Malta Permanent Residence Programme Regulations S.L. 217.26 as subject to the contents of the said Form MPRP 10, that I am in agreement with the said contents, and that I have consciously signed the said Form MPRP 10 in the appropriate section in acceptance thereof.
Name: _____
Signature: _____
Date: _____

**Part D – Minor Dependant: Other Parent / Legal Guardian Consent**

Part D is to be filled in by the other parent/legal guardian of the minor unless the other parent has sole custody.

**Consent of the other parent / legal guardian**

I have read and understood all the requirements in this Form and that information supplied on or with this Form, on any attachments, whether supplied directly by myself or through a third party completing the Form on my behalf, are true, correct and up-to-date in every detail. I understand that if I supply false or inaccurate information, or omitted information requested in this Form, my application will be refused, even if this is found at a later stage.

<p>I _____ (full name and surname) of          _____ (address line 1)          _____ (address line 2)          _____ (District) _____ (Province) _____ (State)          _____ (City) _____ (Post Code) _____ (Country)          born on _____ (date: dd/mm/yyyy), holder of ID Card number _____ (copy attached),          and of Passport number _____ (copy attached), hereby give my consent for          _____ (minor's name)          to be included in the Malta Permanent Residence Programme.</p>	
<p><b>Please tick as applicable:</b></p> <p><input type="checkbox"/> Main Applicant    <input type="checkbox"/> Spouse    <input type="checkbox"/> Non-Applicant</p> <p>Note: If Non-Applicant, please provide the required verification documents</p>	<p><b>Relationship to Minor</b> (tick as applicable):</p> <p><input type="checkbox"/> Parent    <input type="checkbox"/> Legal Guardian</p>
<p><b>Signature</b></p>    	<p><b>Date of signature</b></p>    

I declare that:

- I understand that Residency Malta Agency reserves the right to verify any personal information relating to me, my family and/or other Dependants, and may carry out due diligence exercises for the purposes of this application both prior to, and following the granting of such certificate;
- I am also aware that in the course of such verification process, Residency Malta Agency may:
  - disclose to third parties any personal information about me and/or my family and/or my Dependants; and
  - obtain from public sources, government bodies and/or private agencies further information, credit reports, criminal records and/or any other kind of records deemed necessary, about me and/or my family and/or my dependants;

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Name: _____
Signature: _____
Date: _____