



Malta Permanent Residence Programme

FORM MPRP 6

Clearance Form



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

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.

This form is to be filled in for the Main Applicant and all Dependants over the age of 12 years at the time of submission of application.

A copy of the biometric data page of all passports held by each individual must be attached to this form.

Part A - Details

Name and surname (as per passport)		
Passport number		
Place of birth		
Father's name and surname		
Mother's name (including maiden surname)		
Current address in Malta (if applicable)	Line 1	
	Line 2	
	City	
	Postcode	

Address abroad 1 (*)	Line 1	
	Line 2	
	District	
	Province	
	State	
	City	
	Postcode	
	Country	

Address abroad 2 (*)	Line 1	
	Line 2	
	District	
	Province	
	State	
	City	
	Postcode	
	Country	

(*) include all foreign addresses used in the last 10 years.

Address abroad 3 (*)	Line 1	
	Line 2	
	District	
	Province	
	State	
	City	
	Postcode	
	Country	

Address abroad 4 (*)	Line 1	
	Line 2	
	District	
	Province	
	State	
	City	
	Postcode	
	Country	

Address abroad 5 (*)	Line 1	
	Line 2	
	District	
	Province	
	State	
	City	
	Postcode	
	Country	

(*) include all foreign addresses used in the last 10 years.

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

I, _____ (name) of

_____ (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: _____