



# Malta Permanent Residence Programme

## FORM MPRP 7

**Application for the addition of a Dependant to an issued Residence Certificate  
in terms of the Malta Permanent Residence Programme Regulations S.L. 217.26**



**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.

**Residency Malta Agency application reference number:**

### Part A - Details

<p>I, _____ (name) of _____ (address line 1) _____ (address line 2) _____ (District) _____ (Province) _____ (State) _____ (City) _____ (Post Code) _____ (Country)</p> <p>hereby apply, as the Beneficiary of certificate number _____ dated _____ to add the below Dependant under my residence certificate in terms of the Malta Permanent Residence Programme Regulations, S.L. 217.26</p>		
<p>A1. The following person is to be included as my Dependant in the Programme and I undertake to fulfil all obligations in order that s/he may be included in the relative certificate:</p>		
Name of Dependant	Age	Relationship to Beneficiary and reason why individual is eligible to be considered a Dependant*

\*Evidence of dependency must be furnished with this form.

## Part B – Declarations and Signatures

### 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 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: _____

**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.**

Beneficiary		
_____	_____	_____
Name	Signature	Date

Witnessed by a Commissioner for Oaths (where a Beneficiary resides outside Malta and the application is made in a foreign country a Commissioner for Oaths shall be deemed to be a person who, under the law of that country, is empowered to administer oaths).

<b>Sworn/affirmed before me at the following address:</b>
<b>On the following date</b> (dd/mm/yyyy):
<b>Stamp and signature of Commissioner for Oaths</b>