



Malta Residence and Visa Programme

FORM MRVP 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 refer to the document list, checklist and guidelines prior to completing this form.

Please use a blue ball point pen to sign this form.

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

A copy of all valid passports is to be attached to this form.

Name and surname (as per passport)		
NAME		SURNAME
Passport number		
Place of birth		
Father's name and surname	NAME	SURNAME
Mother's name (including maiden surname)	NAME	SURNAME
Current address in Malta (if applicable)		
Address abroad 1 (*)		
Address abroad 2 (*)		
Address abroad 3 (*)		
Address abroad 4 (*)		
Address abroad 5 (*)		

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

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

I [*name*] of [*address*]
confirm that I have read and fully understood the contents of the attached Form MRVP10 -
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 Residence and Visa Programme Regulations, S.L.
217.18 as subject to the contents of the said Form MRVP10, that I am in agreement with the said
contents, and that I have consciously signed the said Form MRVP 10 in the appropriate section in
acceptance thereof.

Name: _____

Signature: _____

Date: _____