



RESIDENCY
MALTA
AGENCY



nomad
RESIDENCE PERMIT

APPLICATION FORM

FORM N1

Nomad Residence Permit

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

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

nomad.residencymalta@gov.mt

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

PART A - APPLICANT'S DETAILS

A1. Title (Mr / Mrs / Miss / Ms / Other)	A2. If applicable, full legal name in ethnic script
A3. Full legal surname (exactly as passport)	A4. Full legal given name(s) (exactly as 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 birth, 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
A12. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

A13. Passport details (if a holder of multiple valid passports, all passport details must be provided)		
	Passport 1	Passport 2
A13.1 Issuing country		
A13.2 Passport number		
A13.3 Date of issue		
A13.4 Date of expiration		
A14. Nationality/nationalities currently held		
A15. Previous nationality/nationalities held, lost, renounced, or deprived, including dates		

A16. Date of first settlement in Malta (where applicable)	A17. Intended duration of stay <input type="checkbox"/> 91 days -180 days <input type="checkbox"/> 181 days - 365 days
A18. Country of residence at present	A19. Country of residence prior to settlement in Malta
A20. Non-Schengen country from which entry to Malta will be originating (if applicable)	A21. Intended country of next settlement
A22. Legal type of immigration document, validity and date of expiry by which a non-Schengen applicant is already residing in a Schengen state	

A23. Main residential address in full	
Line 1	
Line 2	
District	
Province	
State	
City	
Postcode	
Country	

A24. Residential address in Malta in full (if applicable)	
Line 1	
Line 2	
District	
Province	
State	
City	
Postcode	
Country	
A25. Fixed telephone number	
A26. Mobile telephone number	
A27. Personal email address	

A28. Details of Parent 1 (biological or adoptive)

A28.1 Title (Mr / Mrs / Miss / Ms / Other)	A28.2 If applicable, full legal name in ethnic script
A28.3 Full legal surname	A28.4 Full legal first/given names
A28.5 Place of birth (city and country)	
A28.6 Citizenship(s)	
A28.7 Date of birth (dd/mm/yyyy)	

A29. Details of Parent 2 (biological or adoptive)

A29.1 Title (Mr / Mrs / Miss / Ms / Other)	A29.2 If applicable, full legal name in ethnic script
A29.3 Full legal surname	A29.4 Full legal first/given names
A29.5 Place of birth (city and country)	
A29.6 Citizenship(s)	
A29.7 Date of birth (dd/mm/yyyy)	

A30. Family Members (to be filled only if any dependants are joining the applicant. Form N2 is to be submitted for each family member).

Tick if not applicable

A30.1 Title	A30.2 Name and Surname	A30.3 Passport No.

A31. Additional Information (additional information and/or description of attachments)

PART B - EMPLOYMENT DETAILS

B.1 Self-Employed

B1.1 Annual Income (in USD, EUR, GBP, other)	B1.2 Business/company position
B1.3 Business name and registration number	
B1.4 Country of incorporation/registered	
B1.5 Date of incorporation/registration (dd/mm/yyyy)	
B1.6 Registered office address	
B1.7 Mailing address (if different from registered address)	
B1.8 Nature of Business	
B1.9 Geographical sphere(s) of the business activities (e.g. the location of the principle markets in which you do business)	
B1.10 Business telephone number	B1.11 Business email address
B1.12 Declaration by applicant <input type="checkbox"/> I declare that the employment may be performed remotely, independent of location.	
Signature of employer/responsible official	Date of signature

B.2 Employed

B2.1 Annual Income (in USD, EUR, GBP, other)	B2.2 Current Occupation
B2.3 Business name of employer	
B2.4 Business address of your employer	
B2.5 Business telephone number	B2.6 Business email address
B2.7 Expected period of employment	

B2.8 Declaration by employer

I hereby confirm that I am endorsing the application for Nomad Residence Permit of _____ (name and surname of Applicant),
holding passport number _____.

I also declare that the employment may be performed remotely, independent of the location.

Signature of employer/responsible official	Date of signature

PART C – DECLARATION OF APPLICANT

I hereby declare that the information given in this application and all supporting documentation are true, correct and up to date in every detail. I understand that if I supply false / incorrect and/or omitted information, my application will be refused, and permit will be revoked.

I also confirm that I have read and fully understood the contents of the attached Form N4 - 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 purpose of this application, and that I have consciously signed the said Form N4 in the appropriate section in acceptance thereof.

I understand that Residency Malta Agency reserves the right to verify any personal information relating to me and may carry out due diligence exercises for the purpose of this application both prior to and following, the granting of such permit.

I am also aware that during such verification process, Residency Malta Agency may:

- disclose to third parties any personal information about me and/or my family members and/or dependants; and
- obtain from public sources, government bodies 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.

I am aware that a national visa of not more than 180 days will be issued to successful applicants who need a visa to enter Malta. Those who wish to prolong their stay and successful applicants who do not require a visa to enter Malta will be issued with a Residence Permit of 365 days.

Signature of applicant	Date of signature

Note to applicants:

Fee Schedule			
Form Number	Title	Residency Malta Agency Fee	Identity Malta Agency Fee
Form N1	Nomad Residence Permit	EUR 300	EUR 27.50
Form N2	Nomad Family Member Residence Permit	EUR 300	EUR 27.50
	Premium Visa Application	N/A	EUR 300
Form N3	Changes to Application for Nomad Residence Permit. Lost/Stolen/Damaged Card	N/A	EUR 27.50