



APPLICATION FORM

FORM N2

Nomad Family Member 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 - FAMILY MEMBER'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. Additional Information (and/or description of attachments)

PART B - MAIN APPLICANT'S DETAILS

B.1 Full legal name and surname (as per passport)	B.2 Residence Permit Number (where applicable)
B.3 Date of Birth	B.4 Passport Number
B.5 Applicant's relationship to the Main Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Son / Daughter (minor) <input type="checkbox"/> Adult Dependant (18 years of age and over)	

PART C – SPOUSE / ADULT DEPENDENT DECLARATION

Tick if not applicable

<p>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, even at a later stage.</p> <p>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.</p> <p>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.</p> <p>I am also aware that during such verification process, Residency Malta Agency may:</p> <ul style="list-style-type: none">• 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; <p>and to this effect I hereby release Residency Malta Agency from any responsibility and/or liability.</p>	
Signature of applicant	Date of signature

PART D – MINOR DEPENDANT: MAIN APPLICANT'S DECLARATION

Tick if not applicable

I hereby declare that the information given in this application and all supporting documentation, in relation to _____ (name and surname of minor) 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, even at a later stage.

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 dependant's 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 my dependant 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 confirm that I have sole custody of the dependant and I am attaching the relevant documentation to this application (tick only if applicable).

Signature of main applicant

Date of signature

PART E – MINOR DEPENDANT: OTHER PARENT / LEGAL GUARDIAN CONSENT

Tick if not applicable

I _____ (full name and surname of other parent/guardian of minor) _____ (address line 1) _____ (address line 2) _____ (District) _____ (Province) _____ (State) _____ (City) _____ (Post Code) _____ (Country) born on _____ (DD/MM/YYYY), holder of passport with number _____ (copy attached), hereby give my consent for _____ (name and surname of minor) to be included in the application for a Maltese Visa / Residence Permit.	
Signature of other parent / legal guardian	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