





EXPATRIATES UNITECONOMIC SELF SUFFICIENCY RESIDENCE APPLICATION FORM

(To be filled in by persons who are not nationals of an EU Member State, Iceland, Liechtenstein, Norway or Switzerland)

Applications, when submitted whilst the person is in Malta, will be accepted only if such person is covered by an authorization of stay in Malta

1 APPLICANT'S PERSONAL DETAILS

Residence Permit No.	<u> </u>
Date of Issue	D D M M Y Y Y Y Y V Valid Until
Surname	
Name	
Maiden Surname (If applicable)	
Current Nationality	
Nationality at Birth	
Country of Birth	
Place of Birth	
Marital Status	Single Married Separated Divorced Widowed Cohabitant
Gender	Male Female Other
Date of Birth	
Telephone No.	
Mobile No.	
Email Address	
Travel Document Type	Passport Foreign ID Other (Specify)
Travel Document No.	
Country of Issue	
Date of Issue	D D M M Y Y Y Y Y Y V V V V V V V V V V V V
Is the family member o	f the sponsor already present in Malta?
If yes, indicate date of	first entry
	be spent residing in Malta year within the validity of the permit days / months

02 ADDRESS IN M	/ALT	4																															
Property No./Name																																	
Street Name		Ī						ĺ	ĺ			Ì								Ì		Ì	İ			Ī	Ī	Ī		Ì			
Locality								İ			ĺ								Pos	st (Coc	le											
03 PERMANENT	ADDR	≀ESS	S AB	RC	AD																												
Property No./Name																													Ц				
Street Name		\perp	\perp																						\perp	\perp	\perp	\perp	\Box	\Box			
Locality																			Po	st (Cod	de			\perp	\perp	\perp	\perp	\Box				
Country																																	
04 IMMIGRATION	N DE1	ΓAIL	S																														
Date of first settlement in Malta	D	D	М	М	Υ	/ \	/ Y	7																									
Intended Duration of stay in Malta																																	
Country of Residence prior to Settlement in Malta																																	
Intended Country of Next Settlement		_																															
DECLARATION I, hereby, solemnly de that no details have be	clare	thc	at th	ne i	infor	ma	tioi ld b	n gi [,] se o	wei f d	n in irec	thi:	s al	ppl	ico an	atio	on i Wł	s t	rue 1 th	e to le a	th	e b	est	of on is	my s ce	kn	ow	led red	ge ·	anc	əd k	əlie	fa	ınd
Applicant's Signature																				_				Dat	e L	D	D	ΜІ	м	Υ	Y	Υ	Υ

06 DECLARATION BY THE LANDLORD

Landlord's Signature

I, hereby, declare that the applicant, whose details are shown above, is residing in the address shown in SECTION 01 of the application form, which is owned or managed by the undersigned. I also declare that I will notify Identità should the applicant cease to continue residing at this address.

(IN BLOCK LETTERS)																														
ID Card No.																														
Mobile No.																														
Number of Persons Res	sidir	ng	in 1	thi	is R	les	ide	enc	e																					
Address of Landlord																														
																	Po	ost	t C	od	e									
Email Address																														
Emait Address																														
				_																				м	М	Υ	Υ	Υ	/	Y

Date

SUPPORTING DOCUMENTS

This application form caters for those persons whose purpose of residence in Malta is on an economically self-sufficient basis. This includes persons who qualify under the 'Malta Permanent Residence Programme', the 'Global Residence Programme', the 'Malta Retirement Programme' and other relevant residence schemes in force at the time of application. Primarily, this includes persons who qualify under the 'Malta Permanent Residence Programme' and the 'Global Residence Programme' which is designed to attract persons who are not national of the EU, EEA or Switzerland and who are not long-term residents.

Applications must be submitted by the applicant in person whilst in Malta. Applicants are required to fill in the relevant forms which must include all the required information, contact details, dates and signatures. This must be done before the expiry of the authorisation to stay in Malta.

	Full copy of Passport, including all blank pages; Proof of legal status in Malta; Proof of accommodation as shown hereunder; A copy of the Lease agreement signed by both landlord and tenant, which must include the full name, ID Card number of landlord, rental address. The name of the tenant must match the name on the passport. If the Landlord is not Maltese, a purchase agreement of the same premises must be presented. A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per Chapter 604 of the Laws of Malta; A copy of the Certificate from the Commissioner for Revenue showing that the applicant satisfies the criteria stipulated in the applicable law;
\neg	A copy of the Comprehensive Health Insurance Policy;
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	Where the passport presented upon initial application has been changed, a full copy of the applicant's passport including the blank pages is required. Otherwise, copy of the passport's biometric page. Proof of accommodation as shown hereunder; A copy of the Lease agreement signed by both landlord and tenant, which must include the full name, ID Card
	number of landlord, rental address. The name of the tenant must match the name on the passport. If the Landlord is not Maltese, a purchase agreement of the same premises must be presented;
	☐ A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per Chapter 604 of the Laws of Malta;
	A copy of the Certificate from the Commissioner for Revenue showing that the applicant satisfies the criteria stipulated in the applicable law;
	A copy of the Comprehensive Health Insurance Policy;
	A copy of a recent declaration issued from Inland Revenue is to be presented confirming that applicant still satisfies the criteria for the Special Tax Programme.

NOTES TO APPLICANTS

All documentation listed above must be presented in English or Maltese. All presented translations of official documents are to be apostilled by the Foreign Affairs if applicable.

All supporting documentation must be presented in original format. The Department retains a copy of the above-mentioned list of documents.

Identità reserves the right to request additional documents before the application could be processed.

IDENTITÀ
Triq il-Wied, L-Imsida, MSD 9020, MALTA
T+356 2590 4000
W www.identita.gov.mt
E enquiries.identita@gov.mt

First Time Applicant

EXPATRIATES UNIT
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