



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

clientrelations.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

I, _____ (name) of
 _____ (address line 1)
 _____ (address line 2)
 _____ (District) _____ (Province) _____ (State)
 _____ (City) _____ (Post Code) _____ (Country)

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

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:

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

- I have read and understood all the requirements in this Form.
- I declare that information supplied on or with this Form, and 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 and I assume full responsibility of such information and documents.
- 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.

Signature of Beneficiary

NOTE: Fill in **EITHER** Part C **OR** Part D, as applicable.

Part C – Veriff Report Declarations

Tick if not applicable.

- I declare that the Veriff report attached to this Form pertains to the Beneficiary. To the best of my knowledge, I confirm that the contents of this report are correct.
- I have printed the attached report and signed it accordingly.

Signature of Accredited Agent Date of Signature

Part D – Commissioner for Oaths

Tick if not applicable.

I confirm that the Beneficiary has signed this form in my presence.

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

Sworn/Affirmed before me at the following address (full address is required):

On this date (dd/mm/yy):

Stamp and signature of Commissioner for Oaths