



Malta Residence and Visa Programme

FORM MRVP 7

Application for the addition of a Dependant to an issued Residence Certificate
in terms of the Malta Permanent Residence Programme Regulations S.L. 217.18



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

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.

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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