



Malta Permanent Residence Programme

FORM MPRP 1

Application for a 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.

Part A

| I, _____ (name) of _____ _____ _____ _____ _____ (City) _____ (Post Code) _____ (Country) | | |
|--|-----|---|
| hereby apply as the Main Applicant for a Certificate in terms of the Malta Permanent Residence Programme Regulations, S.L. 217.26 | | |
| A1. The following person(s) is/are included as my Dependants in the Programme and I undertake to fulfil all obligations in order that they may be included in the relative Certificate: | | |
| Name of Dependant | Age | Relationship to Main Applicant and reason why individual is eligible to be considered a Dependant. Evidence of dependency must be furnished with the application submitted by the Main Applicant. |
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Please tick here if more Dependants are to be included, and you have provided further information in Part C or on an attached sheet quoting Part A1.

Part B – Declarations

Please read the declarations below and make the affirmations by deleting whichever option does not apply.
I declare that:

- B1. I have / have never** served in the armed forces of a country, **and/or** received military training;
- B2. I have / have never** been part of a military/paramilitary organisation;

If you have served in the armed forces, received military training or been part of a military and/or paramilitary organisation, please give country, dates, branch of service, unit number(s), rank(s), dates and places of any active combat, reason for end of service(s) and enclose certified evidence of service(s). This additional information should be included in Part C of this Form, or in an attached sheet quoting the respective part.

- B3. I have / have never** been arrested, charged, convicted, or charged and acquitted of a crime(s) against the law of a country;
- B4. I have / have never** been charged/accused of illegal activity in a country;
- B5. I have / have never** been directly/indirectly involved in the financing of terrorism/terrorist activities;
- B6. I have / have never** been directly/indirectly involved in a terrorist/criminal organisation;
- B7. I have / have never** personally or as an executive/director of a company been under investigation by a law enforcement agency/tax authority in a country;
- B8. I have / have never** personally or as an executive/director of a company been involved in bankruptcy/insolvency/liquidation;
- B9. I have / have never** been refused admission to/been unlawfully present in/deported from a country;
- B10. I have / have never** assisted someone to unlawfully enter/be present/leave a country;
- B11. I have / have never** been refused a residence permit by a country;
- B12. I have / have never** had an application for citizenship refused by a country;

If you have affirmed the phrase "I have" to any statement between B3 – B12, you are required to provide a detailed explanation either in Part C of this Form or on an attachment sheet quoting the respective part. It is recommended that you provide as much supporting information and documentation as possible.

- B13. I am / am not** considered a Politically Exposed Person (PEP);

A PEP is any individual who is currently an office holder or has been an office holder in the past, or individuals who are or were formerly entrusted with high level public functions, such as, senior politicians, heads of state of governments, senior judicial or military officials, officials of political parties and senior executives of state-owned enterprises. PEP definition also includes family members and close associates of a primary PEP.

(If you are to be considered a PEP, you are required to provide a detailed explanation either in Part C of this Form or on an attached sheet quoting part B13.)

- B14. I confirm / cannot confirm that** my wealth has been obtained from completely legitimate sources, and that it is not directly or indirectly derived from the proceeds of criminal activities of any kind;
- B15. I confirm / cannot confirm that** I have read and understood the provisions of the Malta Permanent Residence Programme Regulations S.L. 217.26

If you have opted not to confirm any statement between B14-B15, provide a detailed explanation either in Part C of this Form or on an attached sheet, quoting the respective part. It is recommended that you provide as much supporting information and documentation as possible.

Please tick here if there is more information on Part C or on an attached sheet quoting the respective part.

I declare that:

- In the event that a letter of Approval in Principle will be issued to me, I commit myself to:
 - pay the remaining non-refundable Administration Fee within the period stipulated in accordance with the provisions of the Malta Permanent Residence Programme Regulations;
 - pay the Contribution Fee within the period stipulated in accordance with the provisions of the Malta Permanent Residence Programme Regulations;
 - pay the Donation within the period stipulated in accordance with the provisions of the Malta Permanent Residence Programme Regulations;
 - provide proof of title to a qualifying property in Malta in accordance with the provisions of the Malta Permanent Residence Programme Regulations, and
 - submit evidence that I, and my Dependants, are covered by a health insurance policy in respect of all risks in Malta, and I declare that, subsequently, I and my Dependants will be in position to retain such a policy in accordance with the provisions of the Malta Permanent Residence Programme Regulations.
- I understand and agree that the Residency Malta Agency reserves the right to verify any personal information relating to me, my family and/or other Dependants, and may carry out due diligence exercises for the purposes of this application both prior to, and following, the approval of such application.
- I am also aware and agree that in the course of such verification process, the Residency Malta Agency may:
 - disclose to third parties any personal information about me and/or my family and/or my Dependants; and
 - obtain from public sources, government bodies and/or private agencies/entities further information, credit reports, criminal records 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 the Residency Malta Agency from any responsibility and/or liability.

I solemnly declare that:

- I have in my possession assets of not less than five hundred thousand Euro (€500,000) out of which, one hundred and fifty thousand Euro (€150,000) are financial assets or
- I have in my possession assets of not less than six hundred and fifty thousand Euro (€650,000), out of which seventy five thousand Euro (€75,000) are financial assets.

- I am in receipt of stable and regular resources which are sufficient to maintain myself and my dependants (if applicable), as per S.L. 217.26

- I also solemnly declare that I fully support all the Dependants who are over 18 years of age, mentioned in Part A of this Form.

- I commit to pay the relevant fees as stipulated in S.L. 217.26

I solemnly declare that:

I commit to rent a qualifying property situated in Malta or Gozo for fourteen thousand euro (€14,000) per annum.

or

I commit to purchase a qualifying property situated in Malta or Gozo for not less than three hundred and seventy-five thousand euro (€375,000).

Part C – Additional information

Additional information and/or description of attachments

| Part number | Details |
|-------------|---------|
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Part D – General Data Protection Regulation EU 2016/679 (GDPR) Declaration

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| I, _____ (name) of |
| _____ (address line 1) |
| _____ (address line 2) |
| _____ (District) _____ (Province) _____ (State) |
| _____ (City) _____ (Post Code) _____ (Country) |
| confirm that I have read and fully understood the contents of the attached Form MPRP 10 - 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 purposes of my application for a certificate in terms of the Malta Permanent Residence Programme Regulations S.L. 217.26 as subject to the contents of the said Form MPRP 10, that I am in agreement with the said contents, and that I have consciously signed the said Form MPRP 10 in the appropriate section in acceptance thereof. |
| Name: _____ |
| Signature: _____ |
| Date (dd/mm/yyyy): _____ |

Part E – Final declarations and signatures

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|---|
| <input type="checkbox"/> I have read and understood all the requirements in this Form. |
| <input type="checkbox"/> I declare that information supplied on all my Forms 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. |
| <input type="checkbox"/> I understand that if I supply false or inaccurate information, or omitted information requested in all my Forms, declarations and documentation, my application will be refused, even if this is found at a later stage. |
| _____ |
| Signature of Main Applicant |

NOTE: Fill in **EITHER** Part F **OR** Part G, as applicable.

Part F – Veriff Report Declarations

Tick if not applicable.

- | |
|--|
| <input type="checkbox"/> I declare that the Veriff report attached to this Form pertains to the Main Applicant. To the best of my knowledge, I confirm that the contents of this report are correct. |
| <input type="checkbox"/> I have printed the attached report and signed it accordingly. |

| | |
|-----------------------------|--------------------------------|
| _____ | _____ |
| Signature of Main Applicant | Date of Signature (dd/mm/yyyy) |

Part G – Commissioner for Oaths

Tick if not applicable.

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

Sworn before and witnessed by a Commissioner for Oaths. Where a Main Applicant 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.

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|--|
| Sworn/Affirmed before me at the following address (full address is required): |
| On this date (dd/mm/yyyy): |
| Stamp and signature of Commissioner for Oaths |