

REPUBLIC OF MALTA
Application Form for Long-Stay (D) Visa

This application form is free

PHOTO 3.50cm x 4.50cm
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Family members of the EU, EEA, or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries shall not fill in fields no.21,22,30,31 and 32 (marked with*).

Fields 1-3 shall be filled in in accordance with the data in the travel document.

1. Surname (Family name):			FOR OFFICIAL USE ONLY Date of application: Application number: Application lodged at: ☐ Embassy/consulate ☐ Service provider ☐ Commercial intermediary ☐ Border (Name): ☐ Other: File handled by: Supporting documents: ☐ Travel document ☐ Means of subsistence ☐ Invitation ☐ TMI ☐ Means of transport ☐ Other: Visa decision: ☐ Refused ☐ Issued: ☐ Valid: From: Until: Number of entries: ☐ 1 ☐ 2 ☐ Multiple Number of days:
2. Surname at birth (Former family name(s)):			
3. First name(s) (Given name(s)):			
4. Date of birth (day-month-year):	5. Place of birth:	7. Current nationality:	
6. Country of birth:			Nationality at birth, if different: Other nationalities:
8. Sex:			
☐ Male ☐ Female			9. Civil status: ☐ Single ☐ Married ☐ Registered Partnership ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other (please specify):
10. Parental authority (in case of minors) /legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality):			
11. National identity number, where applicable:			
12. Type of travel document: ☐ Ordinary passport ☐ Diplomatic passport ☐ Service passport ☐ Official passport ☐ Special passport ☐ Other travel document (please specify):			

13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):	
17. Personal data of the family member who is an EU, EEA, or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable:				
Surname (Family name):		First name(s) (Given name(s)):		
Date of birth (day month year):	Nationality:	Number of travel document or ID card:		
18. Family relationship with an EU, EEA or CH citizen or a UK national who is a Withdrawal Agreement beneficiary, if applicable: ☐ spouse ☐ child ☐ grandchild ☐ dependent ascendant ☐ Registered Partnership ☐ other				
19. Applicant's home address and e-mail address:		Telephone no.:		
20. Residence in a country other than the country of current nationality: ☐ No ☐ Yes. Residence permit or equivalent No. Valid until.....				
*21. Current occupation:				
* 22. Employer and employer's address and telephone number. For students, name and address of educational establishment:				

23. Purpose(s) of the journey: ☐ Tourism ☐ Business s ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit ☐ Medical reasons ☐ Study ☐ Airport transit ☐ Other (please specify):		
24. Additional information on purpose of stay:		
25. Member State of main destination (and other Member States of destination, if applicable):	26. Member State of first entry:	
27. Number of entries requested: ☐ Single entry ☐ Two entries ☐ Multiple entries Intended date of arrival of the first intended stay in the Schengen area: Intended date of departure from the Schengen area after the first intended stay:		
28. Fingerprints collected previously for the purpose of applying for a Schengen visa: ☐ No ☐ Yes Date, if known Visa sticker number, if known		
29. Entry permit for the final country of destination, where applicable: Issued by Valid fromuntil		
* 30. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s): 		

Address and e mail address of inviting person(s)/hotel(s)/temporary accommodation(s):		Telephone no:
*31. Name and address of inviting company/organisation:		
Surname, first name, address, telephone no, and e mail address of contact person in company/organisation:		Telephone no of company/organisation:
*32. Cost of travelling and living during the applicant's stay is covered:		
☐ by the applicant himself/herself Means of support: ☐ Cash ☐ Traveller's cheques ☐ Credit card ☐ Pre-paid accommodation ☐ Pre-paid transport ☐ Other (please specify):	☐ by a sponsor (host, company, organisation), please specify: ☐ referred to in field 30 or 31 / ☐ other (please specify): / Means of support: ☐ Cash ☐ Accommodation provided ☐ All expenses covered during the stay ☐ Prepaid transport ☐ Other (please specify):	
I am aware that the visa fee is not refunded if the visa is refused.		
I am aware of the need to submit all requested documentation in line with the applicable checklist, depending on the purpose of my travel. I am aware of and consent to the following: - the collection of the data required by this application form and - the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph, will be supplied to the relevant authorities in Malta and processed for the purposes of a decision on my application. Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the the National Visa Information System (N-VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at the external borders, immigration and asylum authorities in Malta for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of Malta are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Personal data will be processed in accordance with the General Data Protection Regulation EU 2016/679. I am aware that I have the right: - to obtain a notification of the data relating to me recorded in the N-VIS; - to know to which authorities within Malta my data has been transmitted, and		

- to request that data relating to me which is inaccurate, be corrected and in case such data is processed unlawfully, be deleted. - that at my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the laws of Malta.		
The Office of the Information and Data Protection Commissioner (IDPC) will hear claims concerning the protection of personal data. I declare that to the best of my knowledge, all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the applicable laws of Malta.		
Place and date:	Signature: (Signature of parental authority/legal guardian, if applicable):	