

MALTA - CHECKLIST FOR SCHENGEN VISA

**Visa Application Center (VFS -Aramex) works by appointments only
All applicants must book an appointment to apply by following this link**

<https://visa.vfsglobal.com/pse/en/mlt/book-an-appointment>

VFS Aramex Ramallah Address: Al Maahed Street, Wall Street Building, Second Floor,
Al Masyoun, Ramallah - Palestine

Helpline No: +970 2 2945414

VFS Aramex Gaza Address:- "The Visa Application Center in Gaza is currently close until further notice".

33/1360 Khaled Ben El Walid St. Gaza Strip, Palestine,

Helpline No: +970 8 2840473

For further information on visa application requirements, please contact the Representative Office on the following email address info.ramallah@gov.mt

No.	Requirements		YES	NO
1	Application	Completely filled in English and duly signed by applicant.		
2	Photo	One recent passport size photo, white background		
3	Travel Document	Passport, Laissez Passer: <ul style="list-style-type: none"> • 3 months validity beyond the expiry date of the visa. • Minimum 2 blank pages. • Must be issued within the previous ten years 		
4	Visas	Copy of all previous Schengen visas if any		
5	Travel Insurance	Proof of compliant travel medical insurance covering repatriation expenses & urgent medical hospital expenses, valid for the entire duration of the stay, with a minimum coverage of € 30,000, valid for all Schengen Member States. <u>Please refer to the list of accredited insurance companies to the Schengen States below).</u>		
6	Financial means	Provide evidence of sufficient means of subsistence supported by the last 3 months bank statement duly signed and stamped by the bank.		
7	If employed if Self employed if Students	<ul style="list-style-type: none"> • Letter from employer to include position, salary and start date of employment and vacation leave availability. • Proof of registered business, if applicable (trade license and profession license and letter from local Chamber of Commerce. • Letter from School or University or College. 		

8	Accommodation	Forms accepted: <ul style="list-style-type: none"> • Hotel booking • Or Invitation letter from Malta • If invited by EU citizen, a “Declaration of Proof” form duly completed by the host person in Malta confirming his or her commitment to accommodate and If appropriate, commitment to financially support applicant during his/ her stay, notarized (stamped) by a Maltese Notary Public 		
9	Means of transport	Confirmed return ticket/ flight reservation (not applicable for spouses of Maltese Nationals).		
10	For spouses of EU nationals	Documents proving the relation (e.g., passport with the same surname, wedding certificate etc), photocopy of the passport of the EU national.		

The following insurance companies operating in the West Bank and/or Gaza has been approved by Schengen Member States:

- 1 Ahliea Insurance Group – AIG
- 2 Al-Takaful Palestinian Insurance Co.
- 3 Global United Insurance Company
- 4 Trust International Insurance Company –Palestine
5. National Insurance Company –NIC
- 6 Al Mashreq Insurance Company

Visa fees	
	Payment of applicable visa fees
<ul style="list-style-type: none"> • Cash only • In Euro • Exact change • (non-refundable) 	
C Visa (Short Stay Visa)	
90.00 Euro: applies to all other applicants not covered by a visa facilitation agreement	
45.00 Euros: applies to all Children 6-12 (until the age of 12 years minus one day)	
Free: applies to Children 0-6 years (i.e., children that are 6 years of age minus 1 day)	
D Visa (Long Stay Visa)	
Must contact your University, School, or Employer before applying for further instructions.	

Important notes

1. This list is not exhaustive. Supplementary documentation may be requested after consideration of application, which will not automatically imply approval of visa application.
2. Applicants may be called in for interviews to assert the purpose of travel and other relevant information and interviews may also be held during a telephone call.
3. APPEALS: According to Schengen regulations, refused applicants may appeal the decision after signing the refusal notice. The appeal must be lodged within thirty days of the date of the notification of refusal.

Applicant's name	
Applicant's signature	
Applicant's telephone number	
Date of application	
VAC Officer notes	
VAC Officer Name	
VAC Officer signature	
Date:	