



**TAQSIMA ĊENTRALI TAL-VIŻA
CENTRAL VISA UNIT**

LONG STAY MALTESE (D) VISA APPLICATION

01 APPLICANT'S DETAILS

Title	<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Full Legal Surname (as shown on passport)	Student			
Full Legal Given Name (s) (as shown on passport)	Test			
Identity Document Number	AB123456789			
Nationality / Nationalities Currently Held	Japan			
Place of Birth	Japan			
Country of Birth	Japan			
Date of Birth	01/01/2001			
Current Occupation	STUDENT			
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Marital Status	<input checked="" type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Other

CONTACT DETAILS

Fixed Telephone No.	+81 101010101010101
Mobile No.	+81 01010101010101
Personal Email Address	teststudent@fakeemail.com

PASSPORT DETAILS

(Passport on which visa shall be affixed, all passport details shown below must be provided)

Type of Travel Document	<input checked="" type="checkbox"/> Ordinary	<input type="checkbox"/> Diplomatic	<input type="checkbox"/> Service	<input type="checkbox"/> Special
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Other		

If other specify here	
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Travel Document No.

AB123456789

Issuing Country

Japan

Date of Issue

01/01/2021

Valid until

01/01/2031

02

TRAVEL INFORMATION APPLICATION'S DETAILS

Purpose of travel

☐ Tourism

☐ Business

☐ Visiting Family or Friends

☐ Cultural

☐ Sports

☐ Official Visit

☐ Medical Reasons

☒ Study

☐ Airport Transit

☐ Other

Please Specify

Main Destination

MALTA

Border of First Entry

ITALY

Date of First Entry in Malta

01/05/2024

Intended Duration of Stay

180 DAYS

Urgent

☐ Yes

☒ No

Tentative Date of Arrival

02/05/2024

Tentative Date of Departure

28/10/2024

Current Country of Residence at time of application

JAPAN

Applicant's Permanent Residential Address in Full *

*Address 1

YOUR STREET, 119

*Address 2

/

District

YOUR DISTRICT

Province

YOUR PROVINCE

*State

YOUR STATE

City

TOKYO

Postcode

100-0000

Country

JAPAN

Applicant's Current Residential Address *

*Address 1	YOUR STREET, 119
*Address 2	/
District	YOUR DISTRICT
Province	YOUR PROVINCE
*State	YOUR STATE
City	TOKYO
Postcode	100-0000
Country	JAPAN

03 APPLICANT'S ACCOMODATION DETAILS IN MALTA

Host ☒ Person ☐ Organisation

[illegible]

CONTACT DETAILS

Title ☒ Mr ☐ Mrs ☐ Ms ☐ Other

[illegible][illegible]

Identity Document Number (not applicable if the host is an organisation) 0 1 2 3 4 5 6 M

[illegible]

Mobile No.

Email Address

s a m p l e e m a i l @ f a k e e m a i l . c o m

Who is paying

☒ Myself

☐ Host Person

☐ Host Organisation

PLEASE NOTE

Please see Declaration of Proof Form and if applicable host is required to fill in details and subsequently you are required to submit together with this form.

04 PARENTAL AUTHORITY (IN CASE OF MINORS UNDER 18 YEARS OF AGE) / LEGAL GUARDIAN

Parent 1 / Legal Guardian 1

* Surname

* Name

* Address 2
(if different from applicant's contact)

* Mobile Number

* Email

*Nationality

Postcode

Country

Parent 2 / Legal Guardian 2

* Surname

* Name

* Address 2
(if different from applicant's contact)

* Mobile Number

* Email

*Nationality

Postcode

Country

In the case that the family member is an EU, EEA, Swiss citizen or a person who has been granted beneficiary status in Malta under the EU/UK withdraw agreement provide the following details in respect of the said family member:

* Surname

* Name

* Travel Doc. or ID Card No.

Date of birth

* Nationality

* Such details would not be required in the case of accommodation in any commercial premises such as hotels.

Family Relationship ☐ Spouse ☐ Child ☐ Grandchild
☐ Dependent Ascendant ☐ Registered Partnership ☐ Other

Applicant's Signature _____ Date of Signature

A horizontal number line with vertical tick marks every 10 units, labeled from 0 to 100. A red line segment is drawn from the tick mark for 80 to the tick mark for 100.

A horizontal number line with vertical tick marks every 10 units, labeled from 0 to 100. A red line segment is drawn above the number line, starting at the tick mark for 60 and ending at the tick mark for 80.

D	D	M	M	Y	Y	Y	Y
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In the case that the family member is an EU, EEA, Swiss citizen or a person who has been granted beneficiary status in Malta under the EU/UK withdraw agreement provide the following details in respect of the said family member:

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* Name

* Travel Doc. or ID Card No.

Date of birth

* Nationality

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Family Relationship ☐ Spouse ☐ Child ☐ Grandchild
☐ Dependent Ascendant ☐ Registered Partnership ☐ Other

Applicant's Signature _____ Date of Signature

□

☐☐

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☐ Dependent Ascendant ☐ Registered Partnership ☐ Other

Applicant's Signature _____ Date of Signature

□

9

9

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Family Relationship ☐ Spouse ☐ Child ☐ Grandchild
☐ Dependent Ascendant ☐ Registered Partnership ☐ Other

Applicant's Signature _____ Date of Signature

D	D	M	M	Y	Y	Y	Y
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05 DECLARATION

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple entry visa is applied for:

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 Visa Management System known as (VMS) or National Visa Management System (NVMS) 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 Malta's external borders within Malta, 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. The authority of Malta responsible for processing the data is vested jointly in the Ministry of Foreign and European Affairs and Identità (Ministry for Home Affairs and National Security).

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 VMS, to which authorities within Malta it has been transmitted, and to request that data relating to me which is inaccurate be corrected and that data relating to me processed unlawfully be deleted. 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.info@idpc.org.mt) 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.

SIGN HERE

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06 SUPPORTING DOCUMENTS

- ☒ **Valid Passport**
 - ☒ **Invitation**
 - ☒ **Means of Transport**
 - ☒ **Health Insurance**
(Including repatriation if need be)
 - ☒ **Financial Means**
 - ☒ **Others** [House contract + Landlord's Declaration](#)
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IDENTITÀ

Triq il-Wied, L-Imsida, MSD 9020, MALTA
T +356 2590 4000
W www.identita@gov.mt
E enquiries.identita@gov.mt

CENTRAL VISA UNIT

Valley Road, Msida, MSD 9020 MALTA
T +356 2590 4550
W www.identita@gov.mt
E visa.identita@gov.mt