long-stay visa

identità

TAQSIMA ĊENTRALI TAL-VIŻA
CENTRAL VISA UNIT

LONG STAY MALTESE (D) VISA APPLICATION

01 APPLICANT'S DETAILS

Tick applicable

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Full Legal Surname (as shown on passport) — Surname or Last Name as per Passport

Full Legal Given Name (s) (as shown on passport) — First Name as per Passport

Identity Document Number — Write Your National ID Number

Nationality — Write Your Nationality

Other Nationalities if applicable — If not applicable, Leave it blank

Place of Birth — Write your birthplace name as per your Passport

Country of Birth — Write your country name as per your Passport

Date of Birth — Write your date of birth as per your Passport
D D M M Y Y Y Y

Current Occupation — Write Student's Occupation

Tick applicable--->>

Gender ☐ Male ☐ Female ☐ Other

Marital Status ☐ Never Married ☐ Married ☐ Separated ☐ Other

CONTACT DETAILS

Fixed Telephone No. — Write telephone number of student with Country code

Mobile No. — Write mobile number of student with Country code

Personal Email Address — Write your active Email address of student

PASSPORT DETAILS

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

Type of Travel Document ☐ Ordinary ☐ Diplomatic ☐ Service ☐ Special ☐ Temporary ☐ Other

Tick Ordinary

If not applicable, Leave it blank

If other specify here

Travel Document No. Write your Passport Number

Issuing Country Write Country Name as per your passport

Date of Issue D D M M Y Y Y Y Write Date of issue of passport

Valid until D D M M Y Y Y Y Write Date of Expiration of passport

02 TRAVEL INFORMATION APPLICATION'S DETAILS

Purpose of travel

- ☐ Professional/Business
- ☐ Cultural
- ☐ Sports
- ☐ Official Visit
- ☐ Medical Reasons
- ☐ Study Tick Study
- ☐ Adoption
- ☐ Court
- ☐ Diplomat
- ☐ Employment
- ☐ Family Member - Diplomat
- ☐ Family Reunification
- ☐ Family Member of an EU National
- ☐ Humanitarian
- ☐ Religious
- ☐ Long-term/Non-Tourism
- ☐ Lost or Expired Documents
- ☐ Training
- ☐ Scientific Researcher
- ☐ Temporary Employment
- ☐ Voluntary Work
- ☐ Working Holidays

If employment please Specify Job title corresponding to the Maltese Employment Contract Leave it blank, not applicable for students

Border of First Entry Write Malta

Tentative Date of Arrival D D M M Y Y Y Y Write Arrival Date as per Flight ticket

Tentative Date of Departure D D M M Y Y Y Y Write Program End date As per LOA

Current Country of Residence at time of application Write your country name at the time of Visa application

Applicant's Home Address in Full

Address Write Student's Full Address as per Passport

District

Province

State

City

Postcode

Country

Write the hotel or hostel name, followed by an address
or the address mentioned in the accommodation letter provided by the college

Applicant's Accommodation Details in Malta

Address

City

Postcode

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03 HOST DETAILS IN MALTA

Tick Organisation

Host ☐ Person ☐ Organisation

Organisation's Name Global College Malta

Full Name of Host Dr. Prashant Kumar Mishra

Address Smart City Malta,
SCM01, Ricasoli,

City Kalkara

Postcode SCM1001

Identity Document Number C60474

Fixed Telephone No. +356 2180 1252

Mobile No. +356 7923 2322

Email Address enquiries@gcmalta.com

Who is paying ☐ Myself ☐ Host Person ☐ Host Organisation

Tick Myself Only

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

Nationality

Mobile Number

Email

Address
(if different from applicant's contact)

Postcode

Country

Leave it blank whole section

Parent 2 / Legal Guardian 2

Surname

Name

Nationality

Mobile Number

Email

Address
(if different from applicant's contact)

Postcode

Country

Leave it blank whole section

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 D D M M Y Y Y Y

Leave it blank whole section

Nationality

Family Relationship

☐ Spouse ☐ Child ☐ Grandchild

☐ Dependent Ascendant ☐ Registered Partnership ☐ Other

Applicant's Signature Not to sign here

Date of Signature D D M M Y Y Y Y

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.

I hereby grant my explicit consent to Identità to complete the necessary background checks and relative verification performed in the course of the visa application process. I acknowledge that Identità engages an external service provider to perform administrative and non-judgmental tasks related to the entire lifecycle of the visa application process. I further acknowledge that, as part of its duties, the external service provider shall perform the dynamic background checks on Identità's behalf, wherein it may consult authorized third parties, databases and other sources, including but not limited to, public sources, such as the internet, and returning relevant information to Identità by reference to the information I have provided in my D-Visa 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.

Applicant's Signature Do only physical sign

Write the Date as per

Date of Signature D D M M Y Y Y Y

Date of VFS appointment

IDENTITÀ
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W www.identita@gov.mt
E enquiries.identita@gov.mt

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