



VISA No.

VISA APPLICATION FORM FOR ENTRY INTO MALTA*

1. Family name	
2. Given name	
3. Sex	<input type="checkbox"/> M <input type="checkbox"/> F 4. Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
5. Maiden surname	
6. Nationality at present	
7. Nationality at birth	
8. Place and date of birth	
9. Date of arrival in Malta	 Coming from
10. Present address	
11. Permanent address	 Tel.
12. Name, place and date of birth of minors if accompanying you	
13. Profession	
14. Purpose of visit	
15. Duration of stay	
16. Date of previous visits	
17. Financial means/visit:	Travel cheques Cash Credit Card <input type="checkbox"/>
18. Passport No.	 issued at
	issued on valid until
19. Resident Card No.	 issued at
	issued on valid until
20. Return visa to (Country)	 issued on
	valid until
21. References in Malta	

I declare the above to be full and true statement. Date _____ Signature _____

* This form must be fully completed in BLOCK letters together with two recent photographs of applicant. Applications are to reach the Principal Immigration Officer, Police Headquarters, Floriana, Malta on Fax No. 247777 at least fifteen days before the applicant's date of departure. If any particulars indicated in the application form are found to be incorrect, or if any information is found to have been withheld, the visa, even if eventually granted, could be cancelled at any time.