



TAQSIMA ĊENTRALI TAL-VIŻA
CENTRAL VISA UNIT

LONG STAY MALTESE (D) VISA APPLICATION

01 **APPLICANT'S DETAILS**

Title	✓	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Full Legal Surname (as shown on passport)	✓	<input type="text"/>			
Full Legal Given Name (s) (as shown on passport)	✓	<input type="text"/>			
Identity Document Number	✓	<input type="text"/>			
Nationality	✓	<input type="text"/>			
Other Nationalities if applicable		<input type="text"/>			
Place of Birth	✓	<input type="text"/>			
Country of Birth	✓	<input type="text"/>			
Date of Birth	✓	<input type="text" value="D D M M Y Y Y Y"/>			
Current Occupation	✓	<input type="text" value="STUDENT OR EMPLOYED"/>			
Gender	✓	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Marital Status	✓	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Other

CONTACT DETAILS

Fixed Telephone No.		<input type="text"/>
Mobile No.	✓	<input type="text"/>
Personal Email Address	✓	<input type="text"/>

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																																			
Travel Document No.	✓																																		
Issuing Country	✓																																		
Date of Issue	✓	D	D	M	M	Y	Y	Y	Y	Valid until																	✓	D	D	M	M	Y	Y	Y	Y

02 TRAVEL INFORMATION APPLICATION'S DETAILS

Purpose of travel	<input type="checkbox"/>	Professional/Business	<input type="checkbox"/>	Cultural	<input type="checkbox"/>	Sports	
	<input type="checkbox"/>	Official Visit	<input type="checkbox"/>	Medical Reasons	<input checked="" type="checkbox"/>	Study	TICK ONLY STUDY
	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Court	<input type="checkbox"/>	Diplomat	
	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Family Member - Diplomat	<input type="checkbox"/>	Family Reunification	
	<input type="checkbox"/>	Family Member of an EU National	<input type="checkbox"/>	Humanitarian	<input type="checkbox"/>	Religious	
	<input type="checkbox"/>	Long-term/Non-Tourism	<input type="checkbox"/>	Lost or Expired Documents	<input type="checkbox"/>	Training	
	<input type="checkbox"/>	Scientific Researcher	<input type="checkbox"/>	Temporary Employment	<input type="checkbox"/>	Voluntary Work	
	<input type="checkbox"/>	Working Holidays					

If employment please Specify Job title corresponding to the Maltese Employment Contract																										
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Border of First Entry	MALTA																									
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Tentative Date of Arrival	D	D	M	M	Y	Y	Y	Y	Tentative Date of Departure																	D	D	M	M	Y	Y	Y	Y
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AS PER FLIGHT ARRIVALE DATE TO MALTA

AS PER END OF COURSE DATE IN THE FINAL SCHOOL LETTER

Current Country of Residence at time of application	✓																										
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Applicant's Home Address in Full

Address	✓																										
District																											
Province																											
State	✓																										
City	✓																										
Postcode	✓																										
Country	✓																										

TO FILL IN THIS SECTION WITH ADDRESS FROM THE
ACCOMMODATION CONFIRMATION GIVEN BY OLIASI STUDENT HOUSE

Applicant's Accommodation Details in Malta

Address	
City	
Postcode	

03 HOST DETAILS IN MALTA

Host	<input type="checkbox"/> Person <input checked="" type="checkbox"/> Organisation
Organisation's Name	ASCENCIA MALTA BUSINESS SCHOOL
Full Name of Host	
Address	23 VINCENZO DIMECH STREET
City	FLORIANA
Postcode	FRN1502
Identity Document Number	2021-018 SCHOOL LICENCE NUMBER
Fixed Telephone No.	+356 20341784
Mobile No.	+356 79516455
Email Address	EZAMMIT@ASCENCIA-BS.COM
Who is paying	<input checked="" type="checkbox"/> Myself <input type="checkbox"/> Host Person <input type="checkbox"/> 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.

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DO NOT SIGN HERE

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D	D	M	M	Y	Y	Y	Y
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