



APPLICATION FORM

FORM N2

Nomad Family Member Residence Permit

*Please read the document list and checklist
prior to completion of this form*

Residency Malta Agency
Zentrum Business Centre, Level 2,
Mdina Road, Qormi, QRM 9010, Malta

nomad.residencymalta@gov.mt

Please type in your response. Handwritten forms will not be accepted. Use blue ink only for signatures, tick boxes and strikethroughs.

New Application

Renewal (Kindly include the reference number of your existing Nomad application

eg. NM-AA-123

NM-

)

PART A - FAMILY MEMBER'S DETAILS

A1. Title (Mr / Mrs / Miss / Ms / Other)	A2. If applicable, full legal name in ethnic script
A3. Full legal surname (exactly as passport)	A4. Full legal given name(s) (exactly as passport)
A5. Full legal first and middle names (as per birth certificate, only if different from A4)	A6. If applicable, explanation for difference in A4 and A5
A7. Other names including name at birth, maiden names, previous married name(s) and/or aliases	
A7.1 Other surnames	
A7.2 Other first and middle names	
A7.3 Explanation	
A7.4 Date of name change (where applicable)	
A8. Place of birth	A9. Country of birth
A10. Date of birth (dd/mm/yyyy)	A11. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
A12. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
A13. Identity Card details	
A13.1 Issuing country	
A13.2 Identity Card number	

A14. Passport details (if a holder of multiple valid passports, all passport details must be provided)		
	Passport 1	Passport 2
A14.1 Issuing country		
A14.2 Passport number		
A14.3 Date of issue		
A14.4 Date of expiration		
A15. Nationality/nationalities currently held		
A16. Previous nationality/nationalities held, lost, renounced, or deprived, including dates		

A17. Date of first settlement in Malta (where applicable)	A18. Intended duration of stay <input type="checkbox"/> 91 days -180 days <input type="checkbox"/> 181 days - 365 days
A19. Country of residence at present	A20. Country of residence prior to settlement in Malta
A21. Non-Schengen country from which entry to Malta will be originating (if applicable)	A22. Intended country of residence following the expiry of the Nomad Residence Permit
A23. Legal type of immigration document, validity and date of expiry by which a non-Schengen applicant is already residing in a Schengen state.	

A24. Main residential address in full	
Line 1	
Line 2	
District	
Province	
State	
City	
Postcode	
Country	

A25. Residential address in Malta in full (if applicable)	
Line 1	
Line 2	
District	
Province	
State	
City	
Postcode	
Country	
A25. Fixed telephone number	
A26. Mobile telephone number	
A27. Personal email address	

A26. Additional Information (and/or description of attachments)

PART B - MAIN APPLICANT'S DETAILS

B.1 Full legal name and surname (as per passport)	B.2 Residence Permit Number (where applicable)
B.3 Date of Birth	B.4 Passport Number
B.5 Applicant's relationship to the Main Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Son / Daughter (minor) <input type="checkbox"/> Adult Dependant (18 years of age and over)	

PART C – SPOUSE / ADULT DEPENDENT DECLARATION

Tick if not applicable

<input type="checkbox"/>	C1	I hereby declare that the information given in this application and all supporting documentation are true, correct and up to date in every detail. I understand that if I supply false/incorrect and/or omitted information, my application will be refused, even at a later stage.
<input type="checkbox"/>	C2	I also confirm that I have read and fully understood the contents of the attached Form N4 - General Data Protection Regulation EU 2016/679 (GDPR) Declaration Form and declare that I consent to my personal data being processed, under the grounds and for the purpose of this application, and that I have consciously signed the said Form N4 in the appropriate section in acceptance thereof.
<input type="checkbox"/>	C3	I understand that Residency Malta Agency reserves the right to verify any personal information relating to me and may carry out due diligence exercises for the purpose of this application both prior to and following, the granting of such permit.
<input type="checkbox"/>	C4	I am also aware that during such verification process, Residency Malta Agency may: <ul style="list-style-type: none"> disclose to third parties any personal information about me and/or my family members and/or dependants; and obtain from public sources, government bodies and/or any other kind of records deemed necessary, about me and/or my family and/or my dependants; <p>and to this effect I hereby release Residency Malta Agency from any responsibility and/or liability.</p>
<input type="checkbox"/>	C5	I also understand that Residence Permits issued to Family Members under this policy do not grant the automatic right to work in Malta. I am aware that the said third-country nationals who wish to take up employment in Malta must change the purpose of their stay in Malta by submitting an application for a single permit to the Expatriates Unit.
C6	<input type="checkbox"/> I have <input type="checkbox"/> I have never	been arrested, charged, convicted, or charged and acquitted of a crime(s) against the law of a country;
C7	<input type="checkbox"/> I have <input type="checkbox"/> I have never	charged/accused of illegal activity in a country;
C8	<input type="checkbox"/> I have <input type="checkbox"/> I have never	directly/indirectly involved in the financing of terrorism/terrorist activities;
C9	<input type="checkbox"/> I have <input type="checkbox"/> I have never	directly/indirectly involved in a terrorist/criminal organization;
C10	<input type="checkbox"/> I have <input type="checkbox"/> I have never	personally or as an executive director of a company been under investigation by a law enforcement agency/tax authority in a country;
C11	<input type="checkbox"/> I have <input type="checkbox"/> I have never	personally or as an executive/director of a company been involved in bankruptcy/insolvency/liquidation;
C12	<input type="checkbox"/> I have <input type="checkbox"/> I have never	been refused a residence permit by a country;
C13	<input type="checkbox"/> I have <input type="checkbox"/> I have never	had an application for citizenship refused by any country;

In case of concord on one of the above, give details below by referring to the number:

Signature of applicant	Date of signature

PART D – MINOR DEPENDANT: PARENT DECLARATION AND CONSENT

Tick if not applicable

- I hereby declare that the information given in this application and all supporting documentation, in relation to _____ (*name and surname of minor*) are true, correct and up to date in every detail. I understand that if I supply false/incorrect and/or omitted information, my application will be refused, even at a later stage.
- I also confirm that I have read and fully understood the contents of the attached Form N4 - General Data Protection Regulation EU 2016/679 (GDPR) Declaration Form and declare that I consent to dependant's personal data being processed, under the grounds and for the purpose of this application, and that I have consciously signed the said Form N4 in the appropriate section in acceptance thereof.
- I understand that Residency Malta Agency reserves the right to verify any personal information relating to me and my dependant and may carry out due diligence exercises for the purpose of this application both prior to and following, the granting of such permit.
- I am also aware that during such verification process, Residency Malta Agency may:
- disclose to third parties any personal information about me and/or my family members and/or dependants; and
 - obtain from public sources, government bodies and/or any other kind of records deemed necessary, about me and/or my family and/or my dependants;
- and to this effect I hereby release Residency Malta Agency from any responsibility and/or liability.
- I confirm that I have sole custody of the dependant and I am attaching the relevant documentation to this application (*tick only if applicable*).

Tick where applicable:

Main Applicant Spouse Non-applicant

Signature

Date of signature

PART E – MINOR DEPENDANT: OTHER PARENT / LEGAL GUARDIAN CONSENT

Tick if not applicable

I _____ (full name and surname of other parent/guardian of minor) _____ (address line 1) _____ (address line 2) _____ (District) _____ (Province) _____ (State) _____ (City) _____ (Post Code) _____ (Country) born on _____ (DD/MM/YYYY), holder of passport with number _____ (copy attached), hereby give my consent for _____ (name and surname of minor) to be included in the application for a Maltese Visa / Residence Permit.	
Tick where applicable: <input type="checkbox"/> Main Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Non-applicant	
Signature of other parent / legal guardian	Date of signature

Note to applicants:

Fee Schedule			
Form Number	Title	Residency Malta Agency Fee	Identity Malta Agency Fee
Form N1	Nomad Residence Permit	EUR 300	EUR 27.50
Form N2	Nomad Family Member Residence Permit	EUR 300	EUR 27.50
	Premium Visa Application	N/A	EUR 300
Form N3	Changes to Application for Nomad Residence Permit. Lost/Stolen/Damaged Card	N/A	EUR 27.50