



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

LONG STAY MALTESE (D) VISA APPLICATION

01 APPLICANT'S DETAILS

Title Mr Mrs Ms Other

Full Legal Surname (as shown on passport) P A U L

Full Legal Given Name (s) (as shown on passport) A N G E L

Identity Document Number X 7 3 0 5 3 7 9

Nationality I N D I A N

Other Nationalities if applicable N A

Place of Birth K A N H A N G A D , K E R A L A

Country of Birth I N D I A

Date of Birth 3 0 0 3 2 0 0 0

Current Occupation N I L

Gender Male Female Other

Marital Status Never Married Married Separated Other

CONTACT DETAILS

Fixed Telephone No. N I L

Mobile No. + 9 1 6 2 3 8 9 2 1 7 4 9

Personal Email Address A N G E L P A U L B I J U @ G M A I L . C O M

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

If other specify here

Travel Document No. X7305379

Issuing Country MOE A GOVERNMENT OF INDIA

Date of Issue 23052023 Valid until 22052033

02 TRAVEL INFORMATION APPLICATION'S DETAILS

Purpose of travel Professional/Business Cultural Sports
 Official Visit Medical Reasons Study
 Other

Please Specify POSTGRADUATE CERTIFICATE IN RETAIL MANAGEMENT

Border of First Entry MALTA

Tentative Date of Arrival 30082024 Tentative Date of Departure 05052025

Current Country of Residence at time of application INDIA

Applicant's Home Address in Full

Address VELLIMOZHAYIL, KARIYAKKARA
 EDAVARAMBAPO, KANNUR,
 District KANNUR
 Province
 State KERALA
 City KANNUR
 Postcode 670511
 Country INDIA

Applicant's Accommodation Details in Malta

Address APARTMENT 1. ARIES, TRIQ
 HADDI IN-NIES, ZABBAR
 City ZABBAR, MALTA
 Postcode ZBR3550

Host Person Organisation

Organisation's Name I D E A A C A D E M Y

Full Name of Host I N G . V I N C E M A I O N E

Address T H E B U S I N E S S C E N T R E , 1 , T R I Q
N I K O L M U S C A T ,

City M O S T A M A L T A

Postcode M S T 1 8 7 0

Identity Document
Number

Fixed Telephone No.

Mobile No. + 3 5 6 2 1 4 5 6 3 1 0

Email Address I N F O @ I D E A M A L T A . 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	
Nationality	
Mobile Number	
Email	
Address (if different from applicant's contact)	
Postcode	
Country	

Parent 2 / Legal Guardian 2

Surname	
Name	
Nationality	
Mobile Number	
Email	
Address (if different from applicant's contact)	
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

Family Relationship

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Dependent Ascendant	<input type="checkbox"/> Registered Partnership	<input type="checkbox"/> Other

Applicant's Signature _____

Date of Signature

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 _____

Date of Signature

06 SUPPORTING DOCUMENTS

- Valid Passport**
 - Invitation**
 - Means of Transport**
 - Health Insurance**
(Including repatriation if need be)
 - Financial Means**
 - Others**
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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

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