VISA NO.

VISA APPLICATION FORM FOR ENTRY INTO MALTA*

1. Family Name

2. Given Name

3. Sex M F **4.** Single Married Widowed Divorced

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

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.

Ref. No. 42/2