



Malta Residence and Visa Programme – Form MRVP6

Clearance Form

PLEASE REFER TO THE DOCUMENT LIST, CHECKLIST AND GUIDELINES PRIOR TO COMPLETING THIS FORM

This form is to be filled in for the Main Applicant and all Dependants over the age of 12 years at the time of application.

General Data Protection Regulation EU 2016/679 (GDPR) Declaration

I confirm that I have read and fully understood the contents of the attached Form MRVP10 - General Data Protection Regulation EU 2016/679 (GDPR) Declaration Form and have consciously signed in the appropriate section.

Notes: *Please use block capitals and a blue ball pen to sign this form.*

A copy of all valid passports is to be attached to this form.

Name and surname (as per passport)		
NAME		SURNAME
Passport number		
Place of birth		
Father's name and surname	NAME	SURNAME
Mother's name (including maiden surname)	NAME	SURNAME
Current address in Malta (if applicable)		

Address abroad 1 (*)	
Address abroad 2 (*)	
Address abroad 3 (*)	
Address abroad 4 (*)	
Address abroad 5 (*)	

(*) include all foreign addresses used in the last 10 years.

Signature of Main Applicant/Dependant	Date of signature