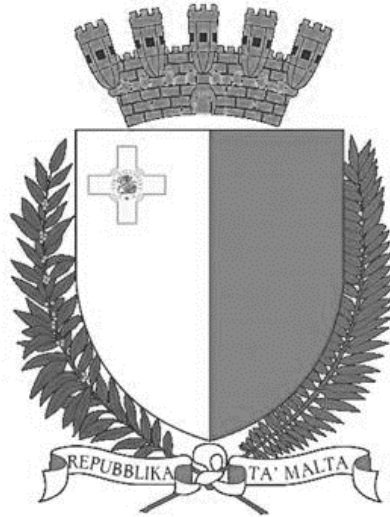


# Malta Residence and Visa Programme

(FORM MRVP7)



The Republic of Malta

Application for the addition of a Dependant to an issued Residence Certificate in terms of the Malta Residence and Visa Programme Regulations, 2015 (L.N. 288 of 2015, as subsequently amended).

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

*Please use a blue ball pen to sign this form.*

**MRVA application reference number**

**Part A**

<p>I, ..... (name) of ..... (address) hereby apply, as the Beneficiary of certificate number ..... dated..... to add the below Dependant under my residence certificate in terms of the Malta Residence and Visa Programme Regulations, 2015 (L.N. 288 of 2015, as subsequently amended).</p>		
<p>A1. The following person is to be included as my Dependant in the Programme and I undertake to fulfil all obligations in order that s/he may be included in the relative certificate:</p>		
<b>Name of Dependant</b>	<b>Age</b>	<b>Relationship to Beneficiary and reason why individual is eligible to be considered a Dependant. Evidence of dependency must be furnished with this form.</b>

Form MRVP 2, Form MRVP 3, Form MRVP 4 and Form MRVP 6 are to be filled in by the Dependant or in  
his/her respect in the case of a minor.

<b>Signature of Beneficiary</b>	<b>Date of signature</b>

**Part B – Additional information**

Additional information and/or description of attachments.

Details

**Part C – General Data Protection Regulation EU 2016/679 (GDPR) Declaration**

<input type="checkbox"/> 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.
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**Part D**

<b>Signature of Beneficiary</b>
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Witnessed by a Commissioner for Oaths (where an applicant resides outside Malta and the application is made in a foreign country a Commissioner for Oaths shall be deemed to be a person who, under the law of that country, is empowered to administer oaths).

<b>Sworn/affirmed before me at the following address</b>										
<b>On the following date</b>	D	D		M	M		Y	Y	Y	Y
<b>Stamp and signature of Commissioner for Oaths</b>										