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VISA	No.	11	11	11	11
41014	1101		L		

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
0.	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 Cash Credit Card
18.	Passport No.	lasued at
t	issued on	
19.	Resident Card No.	saued at
	Issued on	Valid until
20.	Return visa to (Country)	lissued 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.