



# Form M7

## Agent Licence

under Article 10(9)  
of the Maltese Citizenship Act, Cap. 188  
and Relative Subsidiary Legislation



GVERN TA' MALTA



AĠENZIJA  
KOMUNITÀ  
MALTA











<b>A8. Principal Residential Addresses</b> (last 3 years)		<b>A9. Registered Office Address</b>	
<b>A10. Email Address</b>	<b>A11. Contact Number</b>	<b>A12. Website Address</b>	
<b>A13. Professional Association</b>		<b>A14. Professional Qualifications Held</b>	
<b>A15. Signature and date</b>			





**B11. Web address** – Please list all business websites and any domain names registered or intended for use in relation to SL188.06

**B12. Email addresses**

**Where the Licensed Individual (in section A) represents and/or is employed by a corporate entity then please provide the following certified documents:**

- a) A Certificate of Incorporation.
- b) A letter on headed paper authorising the Licensed Individual to act and represent the company/partnership outlined in Section B. The letter should be signed and authorized by senior officers with the capacity to commit the company/partnership.





**Section C: Directors/Partners Information**

<b>C1. Full Name</b>	<b>C2. Date of birth</b>
<b>C3. Nationality</b>	<b>C4. Passport Number</b>
<b>C5. Principal Residential Address</b>	<b>C6. Previous Residential Address</b> <i>(if less than 3 years)</i>
<b>C7. Position held</b>	<b>C8. Time in Current Role</b>
I consent the Agency the right to verify any information about me and may carry out due diligence exercises for the purposes of this application, entailing that the Agency may disclose to third parties the personal information collected and obtain from public sources, government bodies and/or private agencies further information, credit reports, criminal records and/or any other kind of records deemed necessary, about me.	<b>C9. Signature</b>

**(Please photocopy this page should you require additional Directors/Partners/Principals to be included)**



**Section D: Shareholder/Beneficial Ownership Information** (where ownership of 25% or above is held)

Where shareholdings are held outside of personal names, please provide ownership structure details

<b>D1. Full Name</b>	<b>D2. Date of Birth</b>
<b>D3. Nationality</b>	<b>D4. Passport Number</b>
<b>D5. Principal Residential Address</b>	<b>D6. Previous Residential Address</b> (if less than 3 years)
<b>D7. Position held</b>	<b>D8. Percentage Shareholding</b>

**(Please photocopy this page should you require  
additional Shareholders/ Beneficial Owners to be included)**







Where an applicant is representing a corporate entity, the declaration below must be countersigned by a duly authorised signatory as well.

<b>Signed by Applicant</b>	<b>Signed by Director / Partner / Principal</b>
<b>Date</b>	<b>Date</b>
<b>Full Name and Position</b>	<b>Full Name and Position</b>

**Please note:** If an Agent leaves the place of employment to set up his/her own business, he/she will lose his/her accreditation and would have to reapply to become an Agent. However, his former employer would still retain the Accreditation and would be allowed to nominate another employee as a replacement for accreditation, subject for approval by the Agency.