

# Form S1

# **Adult Dependant**

Application for Naturalisation as a Citizen of Malta by an Adult Dependant of an Applicant making Exceptional Direct Investment

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







# PLEASE REFER TO THE MALTESE CITIZENSHIP BY NATURALISATION FOR EXCEPTIONAL SERVICES BY DIRECT INVESTMENT HANDBOOK BEFORE COMPLETING THIS FORM

# Part A

\*Delete as applicable

I, (name)	of						
(address)							
am hereby submitting an application to be naturalised as a citizen of Malta on the grounds that it has been							
approved that I am eligible to apply under article 10(9) of the Maltese Citizenship Act (Cap. 188) and the							
provisions of the Granting of Citizenship for Exceptional Services Regulations thereof.							
I am the adult dependant (as declared in section B10 of this form) of							
(main applicant),							
who is applying to be naturalised as a citizen of Malta as the person who will be making the exceptional direct							
investment under article 10(9) of the Maltese Citizenship Act (Cap. 188) and the provisions of the Granting of							
Citizenship for Exceptional Services Regulations thereof.							
Signature	Date of signature						

Aġenzija Komunità Malta Mediterranean Conference Centre, Old Hospital Street, Valletta, Malta. VLT 1645 T: +356 21 225 232 E: info@komunita.gov.mt W: www.komunita.gov.mt

Initials Adult Dependant:							
Initials Commissioner for Oaths:							



# Part B - Particulars of Applicant

B1.	Full name (as shown in passport)											
B2.	Place of birth	В3.	Date	of b	irth							
		D	D		IV		M		Y	Y	Y	Y
B4.	Permanent residential address						•					
D.E.	Identity and reference number	DC	C	ont N	latia:		:4./Not	iono	lition	اماما	1	
B5.	Identity card reference number (where available)	В0.	Curr	ent N	atioi	ıaı	ity/Nat	iona	inties	neia	l	
B7.	Updated Personal Details, Family Information	ı, Edı	ucatio	on								
	and Employment			(/	As pe	er c	luly cor	nple	ted P	DFEE	Forn	n)
B8.	Updated Statement of Source of Funds and N	Vealt	h									
				(/	As pe	er c	luly cor	nple	ted S	SFW	Form	)
B9.	Updated Medical Report and Questionnaire				۸		ll		4 ما اما	1D0 F	\	
D40	Barrier de Arribardo II a 1911 a contra	41 .		•			luly cor	•		IKQ F	-orm)	
B10.	Dependency to Applicant who will be making	the o	exce	ption	al di	rec	t inves	stme	ent			

# Part C - Declarations

I **confirm / do not confirm** that since the date of the declarations submitted in Part C of the application form to be declared eligible to apply for citizenship under the said provisions of the Act and Subsidiary Legislation thereof, no event or circumstance has changed the nature of the affirmations made in this respect.

If you do not confirm any one of the said declarations you are required to provide a detailed explanation on an attached sheet. It is recommended that you provide as much supporting information and documentation as possible.

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Initials Commissioner for Oaths: \_\_\_\_\_

Initials Adult Dependant: \_\_\_\_\_



### I declare further that:

\*Delete as applicable

- I have read and understood all the requirements in this form and that the information supplied on or with this form, and any attachments, whether supplied directly by myself or through a third party completing the form on my behalf, are true, correct and up-to-date in every detail;
- I am aware that further to the definition of Community Malta Agency (the Agency) under the Data Protection Section (Part D) of this form, the Agency includes its Agents as defined in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations and any other third-party representatives that they may engage as approved by the Agency, in any stage of the processing of this application.
- I am aware that should the Minister agree to grant me a certificate of naturalisation as a citizen of Malta, prior to such naturalisation I will have to take an oath of allegiance in Malta;
- In the event of my application being granted, I undertake to do all things necessary to evidence my new allegiance;
- I understand that if I have made false statements or omitted information requested on this form, my
  citizenship application may be refused. If it is found at a later stage that I have withheld information or
  provided false or incorrect information, I may be deprived of my Maltese citizenship pursuant to Article 14
  of the Maltese Citizenship Act (Cap. 188), and that I may also face criminal prosecution;
- I am aware that should I acquire Maltese citizenship, such acquisition:
  - o may/may not\* jeopardise my claim to the current citizenship(s) which I currently hold; and
  - may/may not\* affect any rights emanating from the possession of such current citizenship(s);
- I understand that the Agency reserves the right to verify any personal information relating to me, my family and/or other dependants, and may carry out due diligence exercises for the purposes of this application both prior to and following the granting of such application;
- I am also aware that in the course of such verification process, the Agency may:
  - disclose to third parties any personal information about me and/or my family and/or my dependants;
  - 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 and/or my family and/or my dependants;

and to this effect I hereby release the Agency and its third parties from any responsibility and/or liability.

Initials Adult Dependant: \_\_\_\_\_\_

Initials Commissioner for Oaths: \_\_\_\_\_



## Part D - Data Protection

Community Malta Agency (the Agency) includes its Agents, as defined in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations, and any other third-party representatives that they may engage as approved by the Agency, in any stage of the processing of this application.

For the purposes of Data Protection Act (Cap. 586), the Agency is the data controller for the processing of personal data in respect of this application.

Agents and any other third-party representatives engaged by them are the processors for the Agency.

The Agency hereby declares that all processing of personal data with respect to this application is made in accordance with the Data Protection Act (Cap. 586), the Maltese Citizenship Act (Cap. 188), subsidiary legislation and any other law and regulation to which the Agency may be subject. All personal data is treated with the strictest confidence and all security safeguards will be applied.

Such personal data will be processed for the purpose of the application for naturalisation as a citizen of Malta, before and after the granting of this application. The processing operations may include the following:

- a) verifying the identity of the applicant and/or of his/her family and/or of his/her dependants;
- b) carrying out due diligence checks both before and after the granting of this application, to comply with statutory requirements and obligations in Malta and abroad, in relation to anti-money laundering and also the countering of the financing of terrorism;
- c) disclosing personal data to government bodies and authorities as required by law;
- d) complying with any other legal obligation to which the Agency may be subject.

The Agency will ensure that all rights of the data subject emanating from the Data Protection Act (Cap. 586) will be afforded to individuals concerned in this application, and as stipulated in the Granting of Citizenship for Exceptional Services Regulations and Agents (Licences) Regulations.

#### Part E

**Signature of Adult Dependant** 

Witnessed by a Commissioner for Oaths (Where an applicant resides outside Malta and the application is made in a foreign country, Commissioner for Oaths shall be deemed to be a person who under the law of that country is empowered to administer oaths.)									
Sworn/Affirmed before me at the following address									
On the fo	llowing da	te				Signature of Commissioner for Oaths			
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