



# PDFEE Form

Personal Details,  
Family Information,  
Education & Employment



GVERN TA' MALTA



AĠENZJA  
KOMUNITÀ  
MALTA



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

**Part A**

<b>A1. Title</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other .....		<b>A2. If applicable, full legal name in ethnic script</b>							
<b>A3. Full legal surname</b> (exactly as per passport)		<b>A4. Full legal given name(s)</b> (exactly as per passport)							
<b>A5. Full legal first and middle names</b> (as per birth certificate, only if different from A4)		<b>A6. If applicable, explanation for difference in A4 and A5</b>							
<b>A7. Other names including name at birth, maiden names, previous married name(s) and/or aliases</b>									
Other surnames									
Other first and middle names									
Explanation									
<b>A8. Place of birth</b>		<b>A9. Country of birth</b>							
<b>A10. Date of birth</b>		<b>A11. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female							
D	D		M	M		Y	Y	Y	Y
<b>A12. Please describe your relationship to the main applicant</b> (tick as applicable)									
(a) Main applicant				<input type="checkbox"/>					
(b) Spouse				<input type="checkbox"/>					
(c) Other relationship (please specify).....				<input type="checkbox"/>					
<b>A13. Nationality/Nationalities currently held</b>									



<b>A14. Previous nationality/nationalities held, lost, renounced or deprived including dates</b>																			
<b>A15. Status (select as appropriate)</b>										<b>A16. List the date(s) and place(s) that this was registered</b>									
<input type="checkbox"/> Never Married										N/A									
<input type="checkbox"/> Married (if married more than once, include details in Part C)																			
<input type="checkbox"/> Divorced																			
<input type="checkbox"/> Legally separated																			
<input type="checkbox"/> Widowed																			
<input type="checkbox"/> Other (please specify): .....																			
<b>A17. Other countries where authorised to temporarily or permanently reside</b> (including validity dates if applicable - continue on additional pages if necessary)																			
<b>Country</b>					<b>Date of Issue</b>					<b>Date of Expiry</b>					<b>No Expiry</b>				
															<input type="checkbox"/>				
															<input type="checkbox"/>				
<b>A18. Passport details</b> (If a holder of multiple passports, all passport details must be provided - continue on additional pages if necessary)																			
					<b>Passport 1</b>					<b>Passport 2</b>									
<b>Issuing country</b>																			
<b>Passport number</b>																			
<b>Place of issue</b>																			
<b>Date of issue</b>																			
<b>Date of expiration</b>																			



<b>A19. Identity card and number and issuing country</b> (if applicable)		<b>A20. Social security / insurance number and issuing country</b>	
<b>ID No.</b>	<b>Country</b>	<b>No.</b>	<b>Country</b>
<b>A21. Languages Skills: All languages which are <i>spoken, read or written</i> and the level</b> (basic, business, fluent, native)			
<b>Language</b> (e.g. <i>Maltese</i> )		<b>Skill</b> (e.g. <i>fluent spoken and reading, basic written</i> )	
<b>A22. Current residential address in full</b>		<b>A23. Alternative principal residential address in full</b> (if applicable)	
<b>A24. Telephone number</b>	<b>A25. Mobile number</b>	<b>A26. Personal Email Address</b>	

**Work and Business Information**

☐ **TICK IF NOT APPLICABLE**

<b>A27. Current Primary occupation</b>	<b>A28. Employment status:</b>  <input type="checkbox"/> Self Employed <input type="checkbox"/> Employee of a company
<b>A29. Sector (Service / Merchandising or Manufacturing) and Type of business</b>	
<b>A30. Name of business or employer</b>	<b>A31. Entity or employer's company website</b>
<b>A32. Business or employer address</b>	<b>A33. Business telephone number</b>
<b>A34. Company Registration Number</b>	<b>A35. Business email</b>

## Part B

### B1. Details of Father (biological or adoptive)

Surname/Family name		First/Given names							
Place of birth (city, country)	Citizenship(s)	Date of birth							
		D	D		M	M		Y	Y
Residential address (if different from residential address, as it appears in A22)									

### B2. Details of Mother (biological or adoptive)

Surname/Family name		First/Given names							
Place of birth (city, country)	Citizenship(s)	Date of birth							
		D	D		M	M		Y	Y
Residential address (if different from residential address, as it appears in A22)									

### B3. Details of Spouse(s) / De facto partner / Registered Partner

☐ TICK IF NOT APPLICABLE

Surname/Family name		First/Given names							
Place of birth (city, country)	Citizenship(s)	Date of birth							
		D	D		M	M		Y	Y
Residential address (if different from residential address, as it appears in A22)									



**B4. Details of Brothers and Sisters**

☐ **TICK IF NOT APPLICABLE**

Surname/Family name	First/Given names	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth (city, country)	Citizenship(s)	Date of birth D D M M Y Y Y Y
Residential address (if different from residential address, as it appears in A22)		

Surname/Family name	First/Given names	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth (city, country)	Citizenship(s)	Date of birth D D M M Y Y Y Y
Residential address (if different from residential address, as it appears in A22)		

Surname/Family name	First/Given names	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth (city, country)	Citizenship(s)	Date of birth D D M M Y Y Y Y
Residential address (if different from residential address, as it appears in A22)		



**B5. Details of Children (including biological, adopted and step-children)** ☐ **TICK IF NOT APPLICABLE**

Surname/Family name	First/Given names	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Place of birth (city, country)	Citizenship(s)	Date of birth								
		<table border="1"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y
D	D		M	M		Y	Y	Y	Y	
Residential address (if different from residential address, as it appears in A22)										

Surname/Family name	First/Given names	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Place of birth (city, country)	Citizenship(s)	Date of birth								
		<table border="1"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y
D	D		M	M		Y	Y	Y	Y	
Residential address (if different from residential address, as it appears in A22)										

Surname/Family name	First/Given names	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Place of birth (city, country)	Citizenship(s)	Date of birth								
		<table border="1"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y
D	D		M	M		Y	Y	Y	Y	
Residential address (if different from residential address, as it appears in A22)										

**Please photocopy this page and/or the previous pages  
should you require to include additional Spouses, Brothers, Sisters and/or Children**



**B6. Details of all residential addresses for the past 10 years (not excluding any period of time)**

From (month/year)	To (month/year)	Street address, town, province/state, country, postal code

**B7. Educational history and qualifications**

☐ **TICK IF NOT APPLICABLE**

Name of institution				City / Town, Country				Qualification / diploma obtained							
Date from	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Name of institution				City / Town, Country				Qualification / diploma obtained							
Date from	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Name of institution				City / Town, Country				Qualification / diploma obtained							
Date from	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Name of institution				City / Town, Country				Qualification / diploma obtained							
Date from	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y





Name of institution				City / Town, Country				Qualification / diploma obtained							
Date from	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Name of institution				City / Town, Country				Qualification / diploma obtained							
Date from	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

**B8. Employment history for the past 10 years**

(including all periods of unemployment, retirement, self-employment, etc.)

☐ **TICK IF NOT APPLICABLE**

Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y



Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

Occupation				Full Name of Employer				Position							
City / Town, Country				Type of Business				Company Registration Number							
Date From	M	M		Y	Y	Y	Y	Date To	M	M		Y	Y	Y	Y

**Please photocopy this page should you require to include  
additional periods of employment, unemployment, retirement, etc.**

Additional information and/or description of attachments

[illegible]

## 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

Date and Signature of Applicant (in the case of minor children, signature of the parent/legal guardian submitting the application)

<b>Signature</b>	<b>Date of Signature</b>