

EXPATRIATES UNIT

EMPLOYMENT RENEWAL FORM - KEY EMPLOYEE INITIATIVE

PART I - APPLICANT'S DETAILS

Identity Document No.:	A									
Surname:										
Name:										
Nationality:										
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed									
Passport No.:		Passport Expiry: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;">D</td><td style="border: 1px solid black; width: 20px; height: 20px;">D</td><td style="border: 1px solid black; width: 20px; height: 20px;">M</td><td style="border: 1px solid black; width: 20px; height: 20px;">M</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td><td style="border: 1px solid black; width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Address in Malta:										
Telephone:		Mobile: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
Email:										

PART II - DECLARATION BY THE APPLICANT

I, hereby, declare that the information given in this application is true to the best of my knowledge and belief, and that no details that could be of direct importance during the application's consideration have been omitted. I also declare that I shall notify Identity Malta Agency of any change of address.

Signature of Applicant

Date:

D	D	M	M	Y	Y	Y	Y
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PART III - EMPLOYER'S DETAILS

Employer/Company Name:										
Employer's Address										
Telephone:		Mobile: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								
Email:										
Responsible Official:										
Designation of Responsible Official:										
VAT Registration No.										
Employment Registration No.										

Who is eligible to apply?

- A key employee is a highly-skilled person who is pivotal in the smooth running of an organization.
- For the purpose of this initiative, key employees receive a minimum basic annual salary of €30,000.
- They should occupy a managerial or highly-technical posts which require sufficient qualifications or adequate experience in various employment sectors.
- Such persons could be covered by either a definite or an indefinite employment contract.

Renewal

Applicants may proceed with their application for a renewal of the permit 90 days prior to the date of its expiry. It is to be emphasised that renewal of applications may only be submitted whilst their current permit is still valid.

Change in Address

Residence Card holders who have changed their residential address need to register their new address within one (1) week & present the following documents:

- i. Changes to application form;
 - ii. Copy of the existing Residence Card;
 - iii. Copy of the new property's purchase or rental agreement; &
- Applicants would need to pay an application fee of €27.50.

Failure to do so may entail the revocation of the residence permit.

Lost Residence Card

Within three (3) days of losing one's residence card, applicants would need to (i) provide a valid local Police report, (ii) pay an application fee of €27.50.

Termination

The single permit's validity depends on the conditions laid when the permit was originally issued, including the specific employment undertaken. Consequently, the permit will no longer be valid should the applicant change employment.

In the eventuality of a job termination, the employer must submit a Termination Form to Jobsplus within four (4) days of the termination date (as per Legal Notice 426/12) & inform Identity Malta Agency on worktermination.ima@gov.mt

Failure to comply with the above, conditions may render the holder of the permit in violation of the provisions of the Immigration Act (Cap. 217).

PRIVACY POLICY - FORM C1 (KEI)

By submitting the Employment Renewal Form (the "Form") to Identity Malta Agency ("IMA"), you provide IMA with personal data (the "Personal Data") in the capacity of data subject. The aim of this Privacy Policy (the "Policy") is to comply with our transparency obligations under data protection legislation, to inform you about the entity responsible for processing your Personal Data, the purpose and legal basis for processing, for how long your Personal Data will be kept, with whom it will be shared and about your rights as a data subject under GDPR.

1. Data Controller and Data Protection Officer

IMA is the data controller, meaning the entity that defines the purposes and means for collecting and processing Personal Data under this Form. IMA is an Agency of the Government of Malta responsible for public administration services related to identity management. IMA Data Protection Officer ("DPO") is responsible to attend any query related to this Policy and in general to data protection at IMA.

The Data Protection Officer may be contacted by email or by regular post using the details provided below:

Postal Address: Data Protection Officer
Identity Malta Agency
Valley Road, Msida, MSD 9020,
Malta
E-mail: dataprotection@identitymalta.com

2. Purposes and legal basis

The purpose for processing Personal Data by IMA is to receive, assess and process a request for renewal of employment by a third-country national. Personal Data collected in this Form will be used to populate IMA's information system, where the Personal Data will be kept in a highly secure manner.

Processing of Personal Data is necessary for the performance of a task carried out in the exercise of official authority vested in IMA.

3. Recipients

Personal Data will be accessed by IMA employees in charge of processing the Form. In case the need may arise, Personal Data will be also accessed by IMA suppliers in charge of maintaining IMA's information systems. Personal Data will also be shared with the National Statistics Office, JobsPlus and with the Principal Immigration Officer. This will be done in line with data protection legislation, and arrangements are in place in order to guarantee the security and lawfulness of these transfers. If necessary and proportionate for lawful and specific purposes, IMA may disclose Personal Data to other third parties (such as other Government entities or law enforcement authorities). Personal Data will not be transferred to third countries or international organizations.

4. Storage period Data

Personal Data will be retained for twenty years, which start counting from the moment that the Form is considered as dormant.

5. Your Rights

You can contact the DPO in order to exercise your right to access, rectify, restrict and, as the case may be, erase the Personal Data, in compliance with applicable laws. You also have the right to object to the processing of Personal Data at any time, on grounds relating to your particular situation. If you feel that IMA has infringed your data protection rights, you may submit a complaint to the supervisory authority of the Member State of your habitual residence or place of work, or, alternatively, to the supervisory authority of the Member State where the alleged infringement has taken place.

DECLARATION

I hereby declare that I have read and understood all the contents of this form, that is, Parts I - VII, the Checklist, Notes to Applicants and Employers and Privacy Policy.

Signature of Applicant

Signature of Employer

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