



ALL TRAVELERS must include the following documents in your package to G3:

- Your original valid signed passport. It must have at least two blank pages marked "Visas" side by side and more than six months before expiry.
- Non-US citizens must also submit a copy of their Permanent Resident Card or U.S. Visa and I-94. Travelers who entered the US after April 26, 2013 should print the electronic I-94 form from <https://i94.cbp.dhs.gov/>.
- One visa application form (attached), completed and signed with a pen-to-paper signature in blue or black ink; make sure the signature matches the signature in the passport.
- Two identical passport-style (2"x2") photograph taken within the last 6 months (must be on photo paper and have a plain white background).
- Copy of air tickets or proof of air ticket purchase showing applicant's name and ticket number.
- Proof of accommodations, either:
 - Copy of hotel reservations, or
 - A letter of invitation from a private host accompanied by a Declaration of Proof form (attached).
- Proof of international health insurance with a minimum coverage of \$50,000. This must include proof that the insurance covers medical emergencies overseas.
- A recent bank or credit card statement showing the availability of at least \$70 per day for the duration of your trip. Account numbers may be blacked out for privacy; do not obscure any other information.

BUSINESS and FLIGHT CREW TRAVELERS must also include:

- A letter from their U.S. company explaining the purpose of their trip and providing a financial guarantee. The letter must be on company letterhead and must bear the original pen-to-paper signature of a company representative other than the applicant. Please see the attached sample letter.
- A letter of invitation from the company to be visited in Malta. The letter must be on company letterhead and signed by a representative of the company, and should include the applicant's name and the name, address, and telephone number for a contact person at the overseas company. Faxed or scanned copies are accepted. Please see the attached sample letter.

Visa Requirements

There is No Substitute for Experience.

G3's Standard of Service

- All visa and passport requests are processed by knowledgeable, experienced associates.
- All calls are answered by a well-informed associate, not a call center or voice mail system.
- All Personally Identifiable Information is protected with safeguards that exceed State Department standards.
- All requests receive email confirmation acknowledging receipt by a G3 associate.
- All application documents will be thoroughly reviewed prior to submission.
- All requests receive email confirmation of the completion and FedEx tracking information.
- All passports are returned via the FedEx service of your choice.

Need additional assistance? Select Concierge Service.



There is No Substitute for Experience.

Concierge Service \$175.00 *Extra*

G3's Concierge Service includes the following benefits:

Document Review: Email ConciergeDesk@g3visas.com for a rapid response and thorough review of your documents before you send them to one of our Operations Centers.

Application Creation: Our experts will readily create your visa or passport application ensuring it meets the requirements of the consulate or agency, saving you valuable preparation time. Your application will be emailed to you in PDF format to print and sign with a pen-to-paper signature.

Accelerated Processing: G3 will generate a FedEx air bill for you to efficiently send your documents to our office. Your request will be given precedence for immediate processing by our most experienced associates.

Expert Advice: Call our dedicated Concierge Service phone number: 855.266.0701, or email ConciergeDesk@g3visas.com for a quick response from the experts.

Real-Time Status Updates: Your G3 associate will personally contact you to confirm receipt of your documents and provide a timeline of completion. If you require more than one visa or passport service, your associate will advise you at each stage of completion ensuring we meet your travel dates. Upon completion of your request, your associate will contact you to confirm your return delivery information.

Upgraded Delivery Service: Your G3 associate will provide a complimentary return delivery upgrade when your request is complete using Federal Express Priority Overnight service (delivery next business day by 10am), and will track your package and follow up with you to confirm you have received it.

Emergency Support: You will have access to our Emergency Concierge Services and Lost Passport Support if you ever need it.

VISA NOTES

- US and Canadian citizens do not require visas for tourist, business, or flight crew trips of 90 days or less.
- Malta is a member of the Schengen visa agreement. Schengen visas are issued by, and are valid for, the following countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland. You must apply at the consulate of your main destination.
- The Embassy maintains the right to request additional documentation or to have the applicant appear in person for an interview.
- If you require a visa for Work, Residency, or Study, please contact WashingtonDC@g3visas.com for additional instructions.

PROCESSING NOTES

- Send all required documents and the completed Visa Order Form to G3 using a service with tracking such as FedEx or UPS.
- Due to submissions deadlines set by consulates and agencies, documents received by G3 after 8:30 am are hand-carried to the appropriate processing facility the next business day. 8:30 am delivery via FedEx or UPS with no signature required is recommended for requests requiring Mission Critical service. Mission Critical processing may not be available to travelers of some nationalities.
- Requests to expedite visa processing after the application has been submitted to the consulate will result in significant additional charges.
- Consular Fees include a \$5 Money Order fee.
- Credit card payments are subject to a 5% credit card convenience fee unless the physical card is presented in person.
- Complete details of G3's Privacy, Cancellation, Payment, and Shipping Policies are available at www.g3visas.com/Policies.html.
- The issuance of visas, including visa duration and number of entries, is at the discretion of the Consulate. G3 acts on the behalf of the client, and takes no responsibility for the services rendered by Travel Agents, Government Agencies, Consulates or Embassies in connection with issuance of visas and passports. G3 takes no responsibility for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.



Send to: G3 Global Services
 Attn: Visa Department
 919 18th Street NW, Suite 230
 Washington, DC 20006
 888.883.8472 | WashingtonDC@g3visas.com

WASHINGTON, DC
MALTA

There is No Substitute for Experience.

Concierge Service \$175.00 *Extra*

Consular Fees for Visa Processing

Visa Type	Mission Critical 15 Business Days	Priority 18 Business Days	Expedited 20 Business Days
Tourist	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00
Business	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00
Flight Crew	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00	<input type="checkbox"/> \$89.00

G3 Service Fees

Tourist	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$70.00
Business	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$80.00
Flight Crew	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$80.00

Return Delivery Fees

<input type="checkbox"/> FedEx Express Saver 3 Business Day Delivery	\$19.00	<input type="checkbox"/> FedEx First Overnight* Delivery Next Business Day by 8:30AM	\$84.00
<input type="checkbox"/> FedEx Standard Overnight Delivery Next Business Day by 3PM	\$29.00	<input type="checkbox"/> FedEx Saturday Delivery* Delivery by 3PM	\$44.00
<input type="checkbox"/> Same Day Delivery* Delivery by FedEx or Commercial Airline	Please Call	<input type="checkbox"/> FedEx International Delivery* including Puerto Rico Delivery Times Vary by Location	Please Call
<input type="checkbox"/> FedEx or UPS Account Number Provided <input type="text"/>	\$5.00	<input type="checkbox"/> FedEx or UPS Return Airbill Included <input type="text"/>	No Charge

**These services may not be available for all delivery locations.*

Send Completed Order Form and All Required Documents To:

G3 Global Services, Attn: Visa Department, 919 18th Street NW, Suite 230, Washington, DC 20006

888.883.8472 Toll Free | WashingtonDC@g3visas.com

www.g3visas.com

Applicable Fees



Send to: G3 Global Services
 Attn: Visa Department
 919 18th Street NW, Suite 230
 Washington, DC 20006
 888.883.8472 | WashingtonDC@g3visas.com

WASHINGTON, DC
MALTA

VisaOrderForm

Your invoice will be sent to your contact email. Check here if you require a hard copy included with your return delivery.

Payment Information

Payment Via Check #: *Check payable to G3 Global Services*

Payment Via Credit Card:

Visa/MasterCard: - - -

Exp. Date: ___ / ___ Security Code:

OR

American Express: - -

Exp. Date: ___ / ___ Security Code:

Name as it appears on the card:

Billing Address:

City: State Zip:

Signature: _____

Payment Via Approved Billing Terms

G3 Customer Number, Billing, P.O., Project or Reference Code#:

Concierge Service Requested
Exceptional service for exceptional people.
ConciergeDesk@g3visas.com

Total Fees from Applicable Fees Page

Please include Applicable Fees page with your request.

FEE	# Travelers	TOTAL
Concierge Fee	<input type="text"/> X <input type="text"/>	= <input type="text"/>
Consular Fee	<input type="text"/> X <input type="text"/>	= <input type="text"/>
G3 Service Fee	<input type="text"/> X <input type="text"/>	= <input type="text"/>
Return Delivery Fee		<input type="text"/>
Subtotal		<input type="text"/>
Add 5% for credit card convenience fee		<input type="text"/>
Total Payment Enclosed		<input type="text"/>

Traveler Names

1	<input type="text"/>	3	<input type="text"/>
2	<input type="text"/>	4	<input type="text"/>

Visa Service

Visa Type: Tourist Business
 Flight Crew Other _____

Processing Speed: Mission Critical Priority Expedited

Travel Details

Date of US Departure: I must have my passport no later than:

Other visa or passport services requested:

Notes:

Contact Information *Who should G3 contact about this request?*

Name: Company:

Contact Email (required):

Daytime Phone: Mobile Phone:

Return Delivery Address *This must be a physical address for FedEx delivery; no P.O. Boxes.*

Name: Company:

Street Address:

City: State: Zip Code:

Daytime Phone: Mobile Phone:

ASSOCIATE NAME:

FOR OFFICE USE ONLY

DATE RECEIVED BY G3:

ORDER NUMBER:

OF TRAVELERS:



Application for Schengen Visa

Demande de visa Schengen

THIS APPLICATION FORM IS FREE
Le présent formulaire est délivré gratuitement

Photograph
Photo

1. SURNAME <i>Nom(s) (nom(s) de famille)</i>				FOR OFFICIAL USE ONLY	
2. SURNAME AT BIRTH (Former family name(s)) <i>Nom(s) de naissance (nom(s) de famille antérieur(s))</i>				Date of Application:	
3. FIRST NAME(S) (Given names(s)) <i>Prénom(s)</i>				Visa Application No:	
4. DATE OF BIRTH <i>(day-month-year)</i> <i>Date de naissance (jour-mois -année)</i>	5. PLACE OF BIRTH <i>Lieu de naissance</i>	7. CURRENT NATIONALITY Nationality at birth, if different <i>Nationalité actuelle. Nationalité à la naissance, si différente:</i>		Application lodged at	
	6. COUNTRY OF BIRTH <i>Pays de naissance</i>			<input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
8. SEX <i>Sexe</i> <input type="checkbox"/> Male <i>Masculin</i> <input type="checkbox"/> Female <i>Féminin</i>		9. MARITAL STATUS <i>État civil</i> <input type="checkbox"/> Single <i>Célibataire</i> <input type="checkbox"/> Married <i>Marié(e)</i> <input type="checkbox"/> Separated <i>Séparé(e)</i> <input type="checkbox"/> Divorced <i>Divorcé(e)</i> <input type="checkbox"/> Widow(er) <i>Veuf (Veuve)</i> <input type="checkbox"/> Other (please specify) <i>Autre (veuillez préciser)</i>		Name: <input type="checkbox"/> Other	
10. In the case of minors : Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian <i>Pour les mineurs: Nom, prénom, adresse (si différente de celle du demandeur) et nationalité de l'autorité parentale/du tuteur légal</i>				File handled by :	
11. NATIONAL IDENTITY N° , where applicable <i>Numéro national d'identité, le cas échéant</i>				Supporting documents:	
12. TYPE OF TRAVEL DOCUMENT <i>Type de document de voyage</i> <input type="checkbox"/> Ordinary Passport <i>Passeport ordinaire</i> <input type="checkbox"/> Diplomatic Passport <i>Passeport diplomatique</i> <input type="checkbox"/> Service Passport <i>Passeport de service</i> <input type="checkbox"/> Official Passport <i>Passeport officiel</i> <input type="checkbox"/> Special Passport <i>Passeport spécial</i> <input type="checkbox"/> Other travel document (please specify) <i>Autre document de voyage (à préciser):</i>				<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
13. TRAVEL DOCUMENT N° <i>Numéro du document de Voyage</i>	14. DATE OF ISSUE <i>Date de délivrance</i>	15. VALID UNTIL <i>Date d'expiration</i>	16. ISSUED BY <i>Délivré par</i>		
17. APPLICANT'S HOME ADDRESS AND EMAIL ADDRESS <i>Adresse du domicile et adresse électronique du demandeur</i>			TELEPHONE NUMBER <i>Numéro(s) de téléphone</i>		
18. RESIDENCE IN A COUNTRY OTHER THAN THE COUNTRY OF CURRENT NATIONALITY <i>Résidence dans un pays autre que celui de la nationalité actuelle</i> <input type="checkbox"/> No <i>Non</i> <input type="checkbox"/> Yes <i>Oui</i> Residence Permit or equivalent N° Valid Until <i>Autorisation de séjour ou équivalent</i> <i>N°</i> <i>Date d'expiration</i>				<input type="checkbox"/> Valid From Until	
19*. CURRENT OCCUPATION <i>Profession actuelle</i>				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	

20.* EMPLOYER AND EMPLOYER'S ADDRESS AND TEL N°: FOR STUDENTS, NAME AND ADDRESS OF EDUCATIONAL ESTABLISHMENT <i>Nom, adresse et numéro de téléphone de l'employeur. Pour les étudiants, adresse de l'établissement d'enseignement</i>	
21. MAIN PURPOSE(S) OF THE JOURNEY <i>Objet(s) principal(aux) du voyage:</i> <input type="checkbox"/> Tourism <i>Tourisme</i> <input type="checkbox"/> Business <i>Affaires</i> <input type="checkbox"/> Visiting family or friends <i>Visite à la famille ou à des amis</i> <input type="checkbox"/> Culture <i>Culture</i> <input type="checkbox"/> Sports <i>Sports</i> <input type="checkbox"/> Official Visit <i>Visite officielle</i> <input type="checkbox"/> Medical Reasons <i>Raisons médicales</i> <input type="checkbox"/> Study <i>Études</i> <input type="checkbox"/> Transit <i>Transit</i> <input type="checkbox"/> Airport Transit <i>Transit aéroportuaire</i> <input type="checkbox"/> Other (please specify) <i>Autre (à préciser)</i>	
22. MEMBER STATE(S) OF DESTINATION <i>État(s) membre(s) de destination</i>	23. MEMBER STATE OF FIRST ENTRY <i>État membre de la première entrée</i>
24. NUMBER OF ENTRIES REQUESTED <i>Nombre d'entrées demandées</i> <input type="checkbox"/> Single Entry <i>Une entrée</i> <input type="checkbox"/> Two entries <i>Deux entrées</i> <input type="checkbox"/> Multiple entries <i>Entrées multiples</i>	25. DURATION OF THE INTENDED STAY OR TRANSIT. <i>Indicate number of days</i> <i>Durée du séjour ou du transit prévu. Indiquer le nombre de jours</i>

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35. *Les rubriques assorties d'un * ne doivent pas être remplies par les membres de la famille de ressortissants de l'UE, de l'EEE ou de la Confédération suisse (conjoint, enfant ou ascendant dépendant) dans l'exercice de leur droit à la libre circulation. Les membres de la famille de ressortissants de l'UE, de l'EEE ou de la Confédération suisse doivent présenter les documents qui prouvent ce lien de parenté et remplissent les cases n°34 et 35.*

The fields Nos 1 to 3 shall be filled-in in accordance with the data in the travel document. *Les données des cases 1 à 3 doivent correspondre aux données figurant sur le document de voyage.*

26. SCHENGEN VISAS ISSUED DURING THE PAST THREE YEARS <i>Visas Schengen délivrés au cours des trois dernières années</i> <input type="checkbox"/> No <i>Non</i> <input type="checkbox"/> Yes <i>Oui.</i> Date(s) of validity from to <i>Date(s) de validité du au</i>	
27. FINGERPRINTS COLLECTED PREVIOUSLY FOR THE PURPOSE OF APPLYING FOR A SCHENGEN VISA <i>Empreintes digitales relevées précédemment aux fins d'une demande de visa Schengen</i> <input type="checkbox"/> No <i>Non</i> <input type="checkbox"/> Yes <i>Oui.</i> Date, if known <i>Date, si elle est connue</i>	
28. ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION, WHERE APPLICABLE <i>Autorisation d'entrée dans le pays de destination finale, le cas échéant</i> Issued by Valid from until <i>Délivrée par valable du au</i>	
29. INTENDED DATE OF ARRIVAL IN THE SCHENGEN AREA <i>Date d'arrivée prévue dans l'espace Schengen</i>	30. INTENDED DATE OF DEPARTURE FROM THE SCHENGEN AREA <i>Date de départ prévue de l'espace Schengen</i>
31.* SURNAME AND FIRST NAME OF THE INVITING PERSON(S) IN THE MEMBER STATE(S). IF NOT APPLICABLE, NAME OF HOTEL(S) OR TEMPORARY ACCOMODATION(S) IN THE MEMBER STATE(S) <i>Nom et prénom de la ou des personnes qui invitent dans le ou les États membres. À défaut, nom d'un ou des hôtels ou adresse(s) temporaire(s) dans le ou les États membres</i>	

ADDRESS AND EMAIL ADDRESS OF INVITING PERSON(S)/HOTEL(S)/TEMPORARY ACCOMODATION <i>Adresse et adresse électronique de la ou des personnes qui invitent/du ou des hôtels/du ou des lieux d'hébergement temporaire</i>	TELEPHONE & TELEFAX <i>Téléphone et télécopieur</i>	
32.* NAME & ADDRESS OF INVITING COMPANY/ ORGANISATION <i>Nom et adresse de l'organisation/entreprise hôte</i>	TELEPHONE & TELEFAX OF COMPANY/ORGANISATION <i>Téléphone et télécopieur de l'entreprise/organisation</i>	
SURNAME, FIRST NAME, ADDRESS, TELEPHONE, TELEFAX AND EMAIL ADDRESS OF CONTACT PERSON IN COMPANY/ORGANISATION <i>Nom, prénom, adresse, téléphone, télécopieur et adresse électronique de la personne de contact dans l'entreprise/organisation</i>		

33.* COST OF TRAVELLING & LIVING DURING THE APPLICANT'S STAY IS COVERED <i>Les frais de voyage et de subsistance durant votre séjour sont financés</i>		
<input type="checkbox"/> by the applicant himself/herself <i>par vous-même</i> MEANS OF SUPPORT <i>Moyens de subsistance</i> <input type="checkbox"/> Cash <i>Argent liquide</i> <input type="checkbox"/> Traveller's Cheques <i>Chèques de voyage</i> <input type="checkbox"/> Credit Card <i>Carte de crédit</i> <input type="checkbox"/> Prepaid accomodation <i>Hébergement prépayé</i> <input type="checkbox"/> Prepaid transport <i>Transport prépayé</i> <input type="checkbox"/> Other (please specify) <i>Autres (à préciser):</i>	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <i>par un garant (hôte, entreprise, organisation), veuillez préciser</i> <input type="checkbox"/> referred to in field 31 or 32 <i>visé dans la case 31 ou 32</i> <input type="checkbox"/> other (please specify) <i>autres (à préciser):</i> MEANS OF SUPPORT <i>Moyens de subsistance</i> <input type="checkbox"/> Cash <i>Argent liquide</i> <input type="checkbox"/> Accomodation provided <i>Hébergement fourni</i> <input type="checkbox"/> All expenses covered during the stay <i>Tous les frais sont financés pendant le séjour</i> <input type="checkbox"/> Prepaid transport <i>Transport prépayé</i> <input type="checkbox"/> Other (please specify) <i>Autres (à préciser):</i>	

34. PERSONAL DATA OF THE FAMILY MEMBER WHO IS AN EU, EEA OR CH CITIZEN <i>Données personnelles du membre de la famille qui est ressortissant de l'UE, de l'EEE ou de la Confédération suisse</i>			
SURNAME <i>Nom</i>		FIRST NAME (S) <i>Prénom(s)</i>	
DATE OF BIRTH <i>Date de naissance</i>	NATIONALITY <i>Nationalité</i>	TRAVEL DOCUMENT or ID CARD N° <i>Numéro du document de voyage ou de la carte d'identité</i>	
35. FAMILY RELATIONSHIP WITH AN EU, EEA or CH CITIZEN <i>Lien de parenté avec un ressortissant de l'UE, de l'EEE ou de la Confédération suisse</i> <input type="checkbox"/> SPOUSE <i>Conjoint</i> <input type="checkbox"/> CHILD <i>Enfant</i> <input type="checkbox"/> GRANDCHILD <i>Petit-fils ou petite-fille</i> <input type="checkbox"/> DEPENDENT ASCENDANT <i>Ascendant à charge</i>			
36. PLACE & DATE <i>Lieu et date</i>	37. Signature (for minors, signature of parental authority/legal guardian) <i>Signature (pour les mineurs, signature de l'autorité parentale/du tuteur légal)</i>		

I am aware that the visa fee is not refunded if the visa is refused.

Je suis informé que les droits de visa ne sont pas remboursés si le visa est refusé.

Applicable in case a multiple-entry visa is applied for (cf. field No 24) *Applicable en cas de demande de visa à entrées multiples (cf. case n°24).*

I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visas to the territory of Member States
Je suis informé de la nécessité de disposer d'une assurance-maladie en voyage adéquate pour mon premier séjour et lors de voyages ultérieurs sur le territoire des États membres.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application. *En connaissance de cause, j'accepte ce qui suit: aux fins de l'examen de ma demande de visa, il y a lieu de recueillir les données requises dans ce formulaire, de me photographier et, le cas échéant, de prendre mes empreintes digitales. Les données à caractère personnel me concernant qui figurent dans le présent formulaire de demande de visa, ainsi que mes empreintes digitales et ma photo, seront communiquées aux autorités compétentes des États membres et traitées par elles, aux fins de la décision relative à ma demande de visa.*

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is Ministry of Foreign Affairs (Central Visa Unit). *Ces données ainsi que celles concernant la décision relative à ma demande de visa, ou toute décision d'annulation, d'abrogation ou de prolongation de visa, seront saisies et conservées dans le système d'information sur les visas (VIS) pendant une période maximale de cinq ans, durant laquelle elles seront accessibles aux autorités chargées des visas, aux autorités compétentes chargées de contrôler les visas aux frontières extérieures et dans les États membres, aux autorités compétentes en matière d'immigration et d'asile dans les États membres aux fins de la vérification du respect des conditions d'entrée et de séjour réguliers sur le territoire des États membres, aux fins de l'identification des personnes qui ne remplissent pas ou plus ces conditions, aux fins de l'examen d'une demande d'asile et de la détermination de l'autorité responsable de cet examen. Dans certaines conditions, ces données seront aussi accessibles aux autorités désignées des États membres et à Europol aux fins de la prévention et de la détection des infractions terroristes et des autres infractions pénales graves, ainsi qu'aux fins des enquêtes en la matière. L'autorité de l'État membre est compétente pour le traitement des données Ministry of Foreign Affairs (Central Visa Unit).*

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State – Office of the Data Protection Commissioner [commissioner.dataprotection@gov.mt] will hear claims concerning the protection of personal data. *Je suis informé(e) de mon droit d'obtenir auprès de n'importe quel État membre la notification des données me concernant qui sont enregistrées dans le VIS ainsi que de l'État membre qui les a transmises, et de demander que les données me concernant soient rectifiées si elles sont erronées ou effacées si elles ont été traitées de façon illicite. À ma demande expresse, l'autorité qui a examiné ma demande m'informerá de la manière dont je peux exercer mon droit de vérifier les données à caractère personnel me concernant et de les faire rectifier ou supprimer, y compris des voies de recours prévues à cet égard par la législation nationale de l'État concerné. L'autorité de contrôle nationale dudit État membre – Office of the Data Protection Commissioner [commissioner.dataprotection@gov.mt] pourra être saisie des demandes concernant la protection des données à caractère personnel.*

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application. *Je déclare qu'à ma connaissance, toutes les indications que j'ai fournies sont correctes et complètes. Je suis informé(e) que toute fausse déclaration entraînera le rejet de ma demande ou l'annulation du visa s'il a déjà été délivré, et peut entraîner des poursuites pénales à mon égard en application du droit de l'État membre qui traite la demande.*

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States. *Je m'engage à quitter le territoire des États membres avant l'expiration du visa, si celui-ci m'est délivré. J'ai été informé(e) que la possession d'un visa n'est que l'une des conditions de l'entrée sur le territoire européen des États membres. Le simple fait qu'un visa m'ait été accordé n'implique pas que j'aurai droit à une indemnisation si je ne remplis pas les conditions requises à l'article 5, paragraphe 1, du code frontières Schengen et que l'entrée me soit refusée. Le respect des conditions d'entrée sera vérifié à nouveau au moment de l'entrée sur le territoire européen des États membres.*

PLACE & DATE *Lieu et date*

SIGNATURE (for minors, signature of parental authority/legal guardian)
Signature (pour les mineurs, signature de l'autorité parentale/du tuteur légal)



DECLARATION OF PROOF

accomodation * bearing of costs *

in accordance with Article 14(4) of the Visa Code
for the purpose of inviting a third-country national subject to the visa obligation

I, the undersigned

Surname																								
Name													Place of Birth											
Nationality													Identity Card											
Residence Permit No													Passport No											
Date of Issue					Place of Issue																			
Address																								
													<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant										
Occupation																								

declare being able to accommodate* :

1 Surname																								
Name													Place of Birth											
Nationality													Passport No											
Address																								
Relationship to the invitee																								
2 Surname																								
Name													Place of Birth											
Nationality													Passport No											
Address																								
Relationship to the invitee																								
3 From				Until																				
	Day	Month	Year		Day	Month	Year																	

at my abovementioned address

at the following secondary address:

Address

Grid for address entry, consisting of three rows of boxes.

*declare being able to bear living costs and repatriation **

- for the person(s) mentioned under 1 2
- during the period of stay indicated under 3

ADDITIONAL INFORMATION

the person(s) mentioned under 1 under 2 subscribe(s) to their own travel medical insurance for the duration of stay, as required by Article 12(1)(b) of the Visa Code.

I subscribe to health insurance on their behalf during the period of stay.

I am aware that the personal data contained in this form is stored and handled by the services receiving the form, that it is stored in the Visa Information System (VIS) and made accessible to the authorities of the other Member States and I have the right to have them altered or deleted, in particular, should they be inaccurate.

I am aware that

- if any information provided is false or incorrect, I will be liable to criminal responsibility in accordance with Articles 188 and 189 of the Criminal Code (Chapter 9 of the Laws of Malta); and Article 32 of the Immigration Act (Chapter 217 of the Laws of Malta) as well as any other law or regulation which may be in force at the time of the unlawful declaration.

- the original the present Declaration, duly stamped by the competent authority, must be presented in original within six (6) months to the consular authorities competent for examining the visa application of the person(s) invited

I solemnly declare that the information provided in this Declaration of Proof is true.

Read and approved

Witnessed for certification of the signature of

Date & Host's Signature

Date

Documents to be attached:

- copy of the Host's ID Card and of the bio-data page of the Invitee's Passport;
- proof of residence (ie property title deeds, rental agreement, energy bills);
- proof of income (salary slip, receipt of pension, official document stating the amount of income);
- if applicable, health insurance policy for the invited person(s)

FOR USE BY THE AUTHORITY

Proof of accomodation

Proof of bearing of costs

The accomodation conditions

The level of financial means of the Invitee

have not been verified

has not been verified

have been judged compatible with the intended invitation

has been judged sufficient in relation to the applicable reference amounts and the duration of stay of the invited persons(s)

Date & Place

Stamp



Sample Business Letter From U.S. Company

*****Please print your business letter on company stationery.*****

November 15, 2014

Consulate General of *(country you will visit)*
Consular Section

Dear Visa Officer,

Jeremy Simmons *(insert your name)*, International Sales Director *(insert your position)*, Sample Products, Inc. *(insert the name of your company)*, is planning a business trip to *(country)* on Monday, February 2 through February 15, 2015 *(dates of your trip)*. During this trip he has scheduled meetings to discuss the sales and distribution of our products.

His agenda is to meet and discuss business with Alexander Edwards *(insert name of contact)* at:

Overseas Company, Ltd.
123 Example Avenue, Suite 45
City, Province, Country
Telephone: 112-1234-5678
Email: aedwards@overseascoltd.co

(Please provide full contact details for the company and individual you will visit.)

Sample Products, Inc. *(Insert Company Name)* will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in *(country)*.

He requests that you issue a single entry business visa valid for one month. *(Please specify the requested visa type and duration.)* I appreciate your attention to this matter.

Sincerely,

Lucinda Albright

Lucinda Albright
Senior Vice President
Sample Products, Inc.

(The letter must have an original ink signature of a manager other than the applicant.)

Sample Letter



Sample Business Letter for Flight Crew

*****Please print your business letter on company stationery.*****

November 15, 2014

Consulate General of *(country you will visit)*
Consular Section

Dear Visa Officer,

Please be advised that the below-listed individuals are applying for Flight Crew visas. Financial responsibility for all expenses incurred by these individuals during their stay in *(country)* is the complete and total responsibility of Sample Products, Inc. Aviation Department *(insert name of your flight department)*.

Pilots: Primary Captain: Brian Randall
Backup: Christina Johnson

First Officer: Primary: Robert Jeffries
Backup: Mark Brown

Flight Attendant: Primary: Bonnie Hooper

Date of Arrival #1: January 11, 2015 Date of Arrival #2: *(add if applicable)*
Airport of Arrival: *City*
Aircraft/Flight: N506AB

Date of Departure #1: January 15, 2015 Date of Departure #2: *(if applicable)*
Airport of Arrival: *City*
Aircraft/Flight: N506AB

Reason for Travel: Transporting executives. No technical assistance will be provided.

We appreciate all efforts and courtesies you may extend to us in order that they may receive their visas as soon as possible. We thank you for your attention to this matter. If you have any questions, please feel free to contact me at 555-555-1234 *(contact number)*.

Sincerely,

Heather Bauer

Heather Bauer

Scheduler

Sample Products, Inc. Aviation Department

(The letter must have an original ink signature of a company representative other than the applicants. No scans or copies are accepted.)

Sample Letter



Sample Business Invitation Letter from Overseas Company

*****Please print your business letter on company stationery.*****

November 15, 2014

Consulate General of *(country you will visit)*
Consular Section

Dear Visa Officer,

Jeremy Simmons *(insert your name)*, International Sales Director *(insert your position)*, Sample Products, Inc. *(insert the name of your company)*, is planning a business trip to *(country)* on Monday, February 2 through February 15, 2015 *(dates of your trip)*. During this trip he has scheduled meetings to discuss the sales and distribution of his company's products.

His agenda is to meet and discuss business with Alexander Edwards *(insert name of contact)* at:

Overseas Company, Ltd.
123 Example Avenue, Suite 45
City, Province, Country
Telephone: 112-1234-5678
Email: aedwards@overseascoltd.co

(Please provide full contact details for the company and individual you will visit.)

Sample Products, Inc. *(insert company name)* will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in *(country)*.

We request that you issue him a single entry business visa valid for one month. *(Please specify the requested visa type and duration.)* We appreciate your attention to this matter.

Sincerely,

James Ventura

James Ventura
Executive Officer
Overseas Company, Ltd.

Sample Letter



Sample Flight Crew Invitation Letter from Overseas Company

*****Please print your business letter on company stationery.*****

November 15, 2014

Consulate General of *(country you will visit)*
Consular Section

Dear Visa Officer,

We are cordially inviting the following individuals who are flight crew members with Sample Products, Inc. *(insert the name of your company)* and will be traveling to *(country)* aboard Sample Products, Inc. *(aircraft)* corporate aircraft Tail Number: N506AB *(number)*.

Pilots: Primary Captain: Brian Randall
 Backup: Christina Johnson

First Officer: Primary: Robert Jeffries
 Backup: Mark Brown

Flight Attendant: Primary: Bonnie Hooper

They will be in *(country)* from January 11 to January 15, 2015. They will be transporting corporate executives from their corporate headquarters in Washington, DC to *(country)*, where the Sample Products executives will conduct business meetings with executives of Overseas Company at:

Overseas Company, Ltd.
123 Example Avenue, Suite 45
City, Province, Country, Postal Code
Telephone: 112-1234-5678

Sample Products, Inc. *(insert company name)* will financially guarantee their flight crew and corporate aircraft while in *(country)*.

We request that you issue the above-listed crewmembers single entry flight crew visas valid for one month. *(Please specify the requested visa type and duration.)* We appreciate your attention to this matter.

Sincerely,

Alice Matthews

Alice Matthews
Flight Coordinator
Overseas Company, Ltd.

(The letter must be signed by a representative of the overseas company, handler, or FBO.)

Sample Letter