

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 ${\bf r}$

	I do and ancienad				
	I, the undersigned Surname				
			<u> </u>	DI CD: /	<u> </u>
	Name		<u> </u>	Place of Birth	<u> </u>
	Nationality	Ш		Identity Card	
	Residence Permit No			Passport No	
Date of Issue			Place of Issue		
	Address				
					Owner Tenant
			<u> </u>		
	Occupation				
	declare being ab	le to acco	mmodate* :		
1	Surname				
	Name			Place of Birth	
	Nationality			Passport No	
	Address				
					<u> </u>
			<u> </u>		
	Relationship to the invitee				
2	Surname				$\overline{1111111111}$
	Name		<u> </u>	Place of Birth	++++++
			<u> </u>	<u> </u>	
	Nationality			Passport No	
	Address				
	Relationship to the invitee				\top
3	From	Until			
	Day Month Year	1	Day Month Year		

at my abovementioned address																						
at the following secondary address:																						
Address																						
																						٦
														<u> </u>	1				_	 		_
		l		•	•																	
declare being able to bear living costs and repatriation *																						
- for the person(s) mentioned under 1 2 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		Ţ	Wii	tness	ed.	for	cer	tif	cat	ion	o	f tl	re .	sig	nai	ture	2 0 j	f				
Date & Host's Signature		I	Da	te																		
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				Proc	of o	f be	arii	ng	of c	ost	S											
The accomodation conditions		7	The	e lev	el o	f fi	nan	ıci	ıl n	ea	ns	of	th	ie I	Inv	itee						
have not been verified				has i	ıot	bee	n v	eri	fied													
have been judged compatible with the intended invitation				has l refei pers	enc	ce a	_											•	-		d	

Date & Place Stamp