



RIYADH

**REGISTRATION FORM FOR MALTESE NATIONALS IN
GULF STATES**

Please complete this registration form and return to Embassy of Malta, Riyadh, Saudi Arabia by fax to +966 1 4633 993 or e-mail to maltaembassy.riyadh@gov.mt Information provided on this form will be for the *use of the Embassy only*.

Name	
Maiden Name (if applicable)	
Surname (in block letters)	
Mr/Mrs/Miss	
Place & Date of Birth	
Occupation/Company	
Single/Married/Widowed/Divorced	
E-mail:	
Local Address:	Passport No.: Place and Date of Issue: Expiry date: <i>*kindly attach passport copy</i>
Accompanying Family: Names, Dates of Birth, Passport No. and Relationship	Next of kin or other person to be notified if necessary Name: Relationship: Address: Telephone: E-mail:
Telephone Numbers & Mobile:	Signature:
Registration date:	