

**Application Form to be registered as a voter in the
Local Councils Electoral Register and/or in the European Union Electoral Register**

To the Electoral Commission, Naxxar, Malta

Section A

Surname: _____ I.D. Card No.: _____
(for official use only)

Given Names: _____ Maiden Surname: _____

Sex: _____ Nationality: _____

Date of Birth: _____ Country of Birth: _____

Status: Single Married Widower/Widow Separated Divorced

Passport Number: _____ Passport Nationality: _____

Place of Issue: _____

Date of Issue: _____ Date of Expiry: _____

Residential Address in Malta: _____

Email Address: _____

Mobile No: _____ Home Telephone No: _____

Section B

Father's Name & Surname: _____

Mother's Name & Maiden Surname: _____

Section C (EITHER PART 1 OR PART 2 TO BE FILLED IN)

1. I hereby apply to be registered in the European Union Electoral Register for the Election of Members of the European Parliament (Malta).

I declare that:

- i) I am resident in Malta and have been residing in _____ since _____
Insert name of Member State
- ii) I will exercise my right to vote in Malta only;
- iii) I have not been deprived of my right to vote in my Home Member State; and
- iv) All the above information is true and correct.

My name was last registered in the Electoral Roll of: _____
state locality / constituency and country

Signature: _____ Date: _____

2. I hereby declare that I do not wish to be registered in the European Union Electoral Register for the Election of Members of the European Parliament (Malta).

Signature: _____ Date: _____

FOR OFFICE USE

DO NOT WRITE
IN THIS AREA

Application Form to be registered in the European Electoral List as a voter for Local Councils Elections by European Union Citizens other than Maltese Nationals

Section D

I hereby apply to be registered in the European Electoral List as a voter for the Local Councils Elections.

I declare that:

- i) I am resident in Malta and have been residing in _____ since _____.
- ii) All the above information is true and correct. Insert name of Member State

Signature: _____

Date: _____

DATA PROTECTION INFORMATION SHEET

1. The Data Protection Officer may be contacted at the Electoral Office at Counting Complex, Ex-Trade Fair Grounds, Naxxar or on telephone no: 25583000 or email: dp.electoral@gov.mt.
2. All personal data shall be processed according to the General Data Protection Regulation (No: 2016/679) as well as any other applicable law or guidelines published from time to time.
3. Application forms:

Form	PURPOSE OF PROCESSING	DATA RECIPIENT/S	RETENTION PERIOD
Application to be registered as a voter (Form 1)	Publication of the Electoral Register	Nil	Indefinite

4. The Electoral Office shall not transfer any personal data to any other third party unless with the Applicant's consent or in cases where the Electoral Office is obliged to disclose/transfer such data by law.
5. The Applicant's rights as a data subject under the General Data Protection Regulation (No 2016/679) shall apply. The applicant has the right to lodge a complaint with the Information and Data Protection Commissioner at: IDPC, Level 2, Airways House, High Street, Sliema, SLM 1549; Telephone: 23287100; email: info@idpc.org.mt.
6. The applicant may not withhold data being requested, for the purposes of such application forms indicated in paragraph 3 above.
7. The applicant acknowledges that data in such application shall be retained by the Electoral Office as per above table, so as to comply with its legal obligations.

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Vetted by

Checked by

Approved by Chief Electoral Commissioner for:

European Union Electoral Register

European Electoral List

Date: _____