



**EMBASSY OF THE REPUBLIC OF MALTA  
ATHENS**

**REGISTRY OF MALTESE CITIZENS IN GREECE  
Embassy of the Republic of Malta in Athens**

**Please fill in and return a separate form for each family member in Greece.**

Name and surname	
Full postal address	
Email address	
Telephone number	
Maltese passport and/or identity card number	
Maiden surname	
Civil status	
Place and date of marriage	
Other nationalities	
Nature of stay in Greece (temporary/permanent)	

- I would like to be kept informed by email of activities organised by the Embassy.
- I would like to be put in contact with other Maltese citizens in Greece.
- I confirm that the information supplied above is correct. I also agree that my data will be stored by the Embassy for a maximum period of five years in accordance with the Data Protection Act, Chapter 440 of the Laws of the Republic of Malta.

Date: ...../...../.....

[Note that your registration will expire in five years from this date]

Please return this form by email to [maltaembassy.athens@gov.mt](mailto:maltaembassy.athens@gov.mt)