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REQUEST FOR CHANGE OF ADDRESS

Date: _____

I, the undersigned would like to change my address.

Name: _____

Surname: _____

MSE No.: _____

ID No.: _____

House no./Name: _____

Street: _____

Town/ Post Code: _____

Country: _____

Mobile / Tel. no.: _____

Signature

Name & Surname

Signature
(to include both names & signatures in case of joint accounts)

Name & Surname

Signature of witness*

Rubber Stamp and ID Card of Witness

Address of witness

***Witness must be a professional (a member of the professions holding a valid warrant to practice according to law) or a manager/director at an MFSA/ or (other reputable jurisdiction regulatory authority) licensed entity.**