
THE GUARDIANSHIP BOARD

MALTA

The Registrar

Office of the Guardianship Board

Level1, office 1B

Lagacy Business Center

Triq L- Intornjatur

Central Business District

Birkirkara

Email: guardianship.miv@gov.mt

Phone: +35623482331/5

Application for Guardianship

The system of guardianship is intended for those persons with disability or mental disorder¹ needing support to various extents in order to manage their own affairs. This form can be used by parents and relatives wishing to be appointed or have someone appointed to make decisions on behalf of a relative who has a disability or a mental disorder. A person can also use this form if they would like someone else appointed to make decisions on their behalf.

1 About the person to be subject to Guardianship

Surname

Name

Date of Birth

ID Number

Gender Male Female

Marital Status

Parents (Name + Contact Number)	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased
	<input type="checkbox"/> Alive <input type="checkbox"/> Deceased

Siblings

(Name + Contact Number)

¹ The term 'mental disorder' has the same meaning as that assigned to it in the Mental Health Act (Ch.525).

Current address

House Name	
Street	
Town/Village, Postcode	
Telephone	Mobile
Email	

2 About the person (continued)

Nationality

What language does the person speak at home?

Type of disability/mental disorder

Is the person interdicted or incapacitated by a court decree? No Yes

What is the person's attitude about this application?

<input type="checkbox"/> Unaware	<input type="checkbox"/> Supportive	<input type="checkbox"/> Ambivalent	<input type="checkbox"/> Unsupportive	<input type="checkbox"/> Hostile
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3 Applicant for Guardianship Order

If more than two (2) people are applying to become Guardians and additional sheets are required, please photocopy more or attach a separate sheet.

Applicant 1

Surname	
Name	
Date of Birth	
ID Number	
Civil Status	
Address	
Town/Village, Postcode	
Telephone	Mobile
Email	
Relationship to person	

Applicant 2 (if appropriate)

Surname	
Name	
Date of Birth	
ID Number	
Civil Status	
Address	
Town/Village, Postcode	
Telephone	Mobile
Email	
Relationship to person	

What types of powers are being sought for the Guardian/s?

Personal Welfare
Financial Powers
Property Management
Other, please specify

5 Witnesses



- Please complete contact details of witnesses involved in the life of the person
- Siblings ,living parents or other close relatives as applicable should be listed
- Include people who may oppose the application and include as many copies of this page as required wt.
- Failure to disclose may delay the application process

Surname	
Name	
ID Number	
Address	
Town/Village, Postcode	
Telephone	Mobile
Email	
Relationship to person	Signature
Signature	
Does this person support the application? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	

Surname	
Name	
ID Number	
Address	
Town/Village, Postcode	
Telephone	Mobile
Email	
Relationship to person	Signature
Does this person support the application? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	


Surname	
Name	
ID Number	
Address	
Town/Village, Postcode	
Telephone	Mobile
Email	
Relationship to person	Signature
Does this person support the application? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	

6 Documents to be attached to the application

- Please ensure that the following documents are submitted with the application. An application will not be processed if any of the following documents and reports are not provided.

- Copies of ID cards of the person who will be subject to Guardianship and the person applying for Guardianship
- Birth certificate of the person who will be subject to Guardianship
- Certificate of conduct of the person/s applying for Guardianship
- Medical report relating to the person who will be subject to Guardianship
- Signed and dated statement by applicant of the movable and immovable assets of the person who will be subject to Guardianship
- Signed and dated statement by the applicant of the income and liabilities of the person who will be subject to Guardianship

7 Application checklist and declaration

- I have kept a copy of this application for my own records
- I have arranged for a medical practitioner to complete the compulsory medical report
-  **An application will not proceed unless there is a medical report**
- I have informed the person to be subject to Guardianship about making this application
- I have signed the following declaration

I/We have read this completed application and consider to the best of my/our knowledge, that all of the information provided is true and correct, is not misleading and that no information relevant to the application and to the Guardianship Board has been omitted. I/We understand that I/we are required to attend the Board hearing at the date and time as determined by the Board unless other arrangements are made.

Name of Applicant	Date
Signature	

Statement of Income, Assets and Liabilities

INCOME (such as pension, job, etc.)	Amount	How often
(attach copies of relevant statements/payslips)		

BANK	ACCOUNT NUMBERS	Balance	
(attach copies of relevant accounts/statements)			

OTHER ASSETS (attach additional sheets if necessary)		Approximate value
Family home	Address	
Other property	Address	
Shares		
Other		

DEBTS (attach evidence or statements if necessary)		Approximate debt
Loans		
Other		

Name of Applicant 1	Date
Signature	
Name of Applicant 2	Date
Signature	



I need help understanding or completing this form

For more information and advice, please contact the **Registrar of the Guardianship Board** by phone on **+356 23482331** or **23482335** or via email through guardianship.miv@gov.mt

8 For office use only

Receiving Officer	
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Application Number	
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Date	
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