Immigration Appeals Board
15, 1st Floor, City Gate Buildings,
Ordnance Street,
Valletta, VLT 1020 Malta
Tel. & Fax: 25689442/440
Email: immigrationappealsboard@gov.mt / visa.appeals@gov.mt

Appeal Reference Number: _____

Reason(s) for Withdrawal: *(Please tick the applicable box)*

☐ New residence permit application
☐ Obtained residence permit
☐ Returning to the country of origin
☐ Personal reasons
☐ Other reasons *(please specify)*

_____
_____
_____
_____

After careful consideration, I have decided to withdraw this appeal and do not wish to proceed further with the process. I understand that by withdrawing it, the original decision will remain final and binding.

I kindly request that you take the necessary steps to close the case and confirm the withdrawal.

Signature of Appellant: _____

Full Name: _____

Date: _____

FOR OFFICE USE ONLY

Confirmation of Withdrawal *(by the Immigration Appeals Board)*

This is to confirm that your appeal application with reference number _____ has been withdrawn upon your request.

Name and Signature of IAB Officer : _____

Signature and Stamp of IAB Officer

Date: