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| DRV008 | Transport Malta Land Transport Directorate Driver and Vehicle Licensing Unit A3 Towers, Triq L-Arkata, Paola PLA 1212, Tel 2556 0000, Email info.tm@transport.gov.mt Website www.transport.gov.mt |  Transport Malta |
| APPLICATION FOR EXCHANGE OF AN UAE DRIVING LICENCE FORM CAN BE SENT BY POST OR DEPOSITED AT THE RECEPTION | | |

A. PERSONAL DETAILS

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| ID Card no. : | Name : | Surname: |
| Date of Birth. : | Gender: | |
| Address. : | | |
| Telephone No: | Mobile No: | Email address: |

B. DETAILS OF UAE DRIVING LICENCE

| | | | |
|---------------|-----------|----------------|-----------------|
| Licence no. : | Card No : | Date of Issue: | Date of Expiry: |
|---------------|-----------|----------------|-----------------|

Tick (✓) the driving licence issuing Authority:

| | | | |
|--------------------------|----------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Abu Dhabi | <input type="checkbox"/> | Fujairah |
| <input type="checkbox"/> | Ajman | <input type="checkbox"/> | Ras Al Khaimah |
| <input type="checkbox"/> | Dubai | <input type="checkbox"/> | Sharjah |
| <input type="checkbox"/> | Umm Al Quwain | <input type="checkbox"/> | Other |

| | | |
|-----------------------|-----------------------------|------------------------|
| Licence Type : | UAE : Light Vehicles | EU : Category B |
|-----------------------|-----------------------------|------------------------|

Required Documentation:-

- Maltese Residence Permit
- Original, valid and permanent Driving Licence issued by a competent UAE Authority
- If format is unavailable in English a translation issued by a competent UAE Authority
- Medical Certificate

C. DECLARATION

I, the undersigned, declare that to the best of my knowledge the above information is true and correct. I declare that I possess either a United Arab Emirates or a Maltese **CITIZENSHIP**. Also, I will be renouncing any other driving licence categories, and that only UAE Light Vehicles/EU B category will be in exchanged in Maltese Licence.

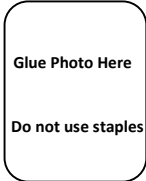
Signature

Date

Data Protection Notice

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (Regulation 2016/679/EU) and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be exchanged with other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta, LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

D. PROCESS

| | |
|--|---|
|  <p>Glue Photo Here</p> <p>Do not use staples</p> | <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Please sign in black ink within the box</div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
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Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta, LJA 2021 is the Data Controller for the purpose of the Data Protection Act CAP 586 and the General Data Protection Regulation (EU) (GDPR) 2016/679. This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

1. The information we collect and how we use it

- 1.1. From this Application Transport Malta collects different types of information which information is that required by Law and is used explicitly for your applications related to Vehicle Registration and Drivers Licences. It is to be noted that if the required information is not provided the said application could not be processed.
- 1.2. The primary purpose for collecting information is mainly to process the applications related to Vehicle Registration and Drivers Licences, however, your Personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

2. To whom we disclose information

- 2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal information is shared with the following third parties for reasons listed below;
 - Any third party offering assistance in providing the service, including Insurance companies and Contractors responsible for the development of Vehicle Registration and Licensing or Driving Licences Applications;
 - Any law enforcement body who may have any reasonable requirement to access your personal information;
 - Third party entities responsible for the data processing and printing of relative licences.

3. Data Subject Rights

- 3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:
 - a. the right for information;
 - b. the right to access;
 - c. the right to rectification;
 - d. the right to erasure;
 - e. the right to restrict processing;
 - f. the right to object to processing;
 - g. the right to data portability;
 - h. the right to complain to a supervisory authority; and
 - i. the right to withdraw consent.
- 3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to dataprotection.tm@transport.gov.mt. We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.
- 3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.
- 3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

4. Retention period

- 4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.
- 4.2. Once the Licence is issued, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

5. Security

- 5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the processing of Vehicle Registration and Licensing or Driving Licences.
- 5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (Regulation 2016/679/EU) and Chapter 586 of the Laws of Malta (Data Protection Act).

7. Data Protection Officer

- 7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: dataprotection.tm@transport.gov.mt

8. Contacting us

- 8.1. Please address any questions, comments and requests regarding the application process to info.tm@transport.gov.mt.

Medical Certificate Declaration to be filled by the Applicant

| | |
|-----------------------------|---------------------|
| Applicant's Full Name _____ | I.D. Card No. _____ |
|-----------------------------|---------------------|

Applicant's medical history: *(please refer to your doctor for any explanation of medical terms)*

Have you ever had, or do you currently suffer from any of the following conditions? Yes No

If you have answered 'Yes', please mark in all appropriate boxes.

- | | | |
|--|--|--------------------------|
| 1. Diabetes controlled by insulin / Any episodes of hypoglycaemia in the past 12 months | | <input type="checkbox"/> |
| 2. Epilepsy | | <input type="checkbox"/> |
| 3. Any condition affecting one or both eyes <i>(Not including colour blindness or short or long sight)</i> | | <input type="checkbox"/> |
| 4. Any condition which affects you visual field or acuity <i>(apart from wear glasses or corrective lenses)</i> | | <input type="checkbox"/> |
| 5. Unstable angina (chest pain) | | <input type="checkbox"/> |
| 6. Stroke with any symptoms lasting longer than one month | | <input type="checkbox"/> |
| 7. Fits or blackouts | | <input type="checkbox"/> |
| 8. Any type of brain surgery, severe head injury involving in-patient treatment or brain tumor | | <input type="checkbox"/> |
| 9. Any serious arrhythmia or an implanted cardiac pacemaker or defibrillator (ICD) | | <input type="checkbox"/> |
| 10. Repeated attacks of sudden disabling giddiness | | <input type="checkbox"/> |
| 11. Any other chronic neurological condition including Multiple Sclerosis, Motor Neurone and Huntington's Disease | | <input type="checkbox"/> |
| 12. A serious problem with memory or periods of confusion | | <input type="checkbox"/> |
| 13. Persistent alcohol misuse or dependence | | <input type="checkbox"/> |
| 14. Persistent drug misuse or dependence | | <input type="checkbox"/> |
| 15. Serious psychiatric illness or ill health | | <input type="checkbox"/> |
| 16. Parkinson's disease | | <input type="checkbox"/> |
| 17. Nacrolepsy | | <input type="checkbox"/> |
| 18. Sleep Apnoea syndrome | | <input type="checkbox"/> |
| 19. Any persisting limb problem which needs driving to be restricted to certain types of vehicles or those with adapted controls | | <input type="checkbox"/> |
| 20. Severe learning disability | | <input type="checkbox"/> |

Have you informed Transport Malta of this condition before? Yes No

Has this condition got worse? Yes No

I declare that, to the best of my knowledge and belief, the above information and any further information I will give to the medical doctor about my Fitness to Drive is true, correct and complete.

I understand that it is a criminal offence to make a false declaration or fail to provide information to get a driving licence and to do so can lead to prosecution and a penalty of imprisonment or fine as stipulated at law.

I authorise my Doctor (s) and Specialist (s) to release reports/medical information about any condition relevant to my Fitness to Drive, to Transport Malta.

I authorise Transport Malta to disclose such relevant information as may be necessary to the investigation on my Fitness to Drive, to Medical Doctors and Health Authorities.

Applicant's Signature

Date

The Medical Doctor is required to fill in and tick ALL the boxes below as appropriate

| | |
|--|---|
| <p>Eyesight his/her visual acuity for driving purposes only is:</p> <p>Left _____ Right _____ (Snellen) Aided <input type="checkbox"/> Unaided <input type="checkbox"/></p> <p>Any Visual Acuity issues Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any condition affecting Peripheral Vision Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any condition affecting both eyes (not including colour blindness, short or long sight) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Total loss of sight in one eye Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Diabetes Mellitus Is the patient on Insulin Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any episode of hypoglycaemia in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Hearing hears conversational speech from a distance of _____ meters With regards to hearing the doctor should confirm that the applicant is able to communicate fully in any form (e.g. capable to send an sms)</p> <p>Any hearing impairment Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Neurological Any neurological conditions such as Multiple Sclerosis, Motor Neuron Disease, Parkinson's Disease or Huntington's Disease Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any history of Stroke or TIA Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Locomotor Any static handicap Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any progressive condition Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Mental Disorders Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent Alcohol misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any persistent Drug misuse or dependency Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Cardiovascular Any serious arrhythmia Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any implanted cardiac pacemaker or defibrillator Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any unstable angina Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Chronic Renal Conditions Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any Organ transplant or artificial implant Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

NOTE: Any condition/s above marked 'YES' requires a detailed medical report which is to be referred to Transport Malta.

Please indicate number of years if any of the above is marked YES.

In relation to condition/s above or any of the conditions in page 1, this certificate is valid only for a period of Years(s) and applicant is to be re-visited and re-certified after that period of time.

Please refer to the list (printed on page 4) of Information Codes, Driver (Medical Reasons) and insert hereunder the Code(s) applicable.

If applicable, please tick box:

- Driving is to be restricted to certain types of vehicles with an automatic gearbox.
- Driving is to be restricted to certain types of vehicles with adapted controls.

Certification by Medical Doctor

I certify that I have examined (Full Name/Surname): _____

I.D. Number: _____ Today ____ / ____ / ____

For the purpose of driving vehicles in category/ies below (please mark with an (✓) and sign the applicable category/ies group):-

I hereby confirm that he/she is fit to drive the following categories:-

| Category Groups | (✓) | Doctor must certify fitness to drive for each individual category by ticking and signing each category separately |
|------------------|-----|---|
| | | |
| Cars (B1, B, BE) | | |
| | | |
| | | |

Certification is to be kept **pending**.
Specialist referral has been made for further assessment or further assessment is required.

Doctor's Signature,
Stamp and Reg. No.

I certify that I have examined the applicant in accordance with the Subsidiary Legislation 65.18 Motor Vehicles (Driving Licences) Regulations, 8th Schedule, and I declare that he/she is considered:

FIT TO DRIVE

NOT FIT TO DRIVE

Doctor's Signature,
Stamp and Reg. No.

Doctor's Signature,
Stamp and Reg. No.

List of Information Codes, Driver (Medical Reasons)

(SUBSIDIARY LEGISLATION 65.18 MOTOR VEHICLES (DRIVING LICENCES) REGULATIONS 7th Schedule)

- 01 Sight correction and/or protection
 - 01.01 Glasses
 - 01.02 Contact lense(s)
 - 01.05 Eye cover
 - 01.06 Glasses or contact lenses
 - 01.07 Specific optical aid

- 02 Hearing aid/communication aid

- 03 Prosthesis/orthosis for the limbs
 - 03.01 Upper limb prosthesis/orthosis
 - 03.03 Lower limb prosthesis/orthosis

- 10 Modified transmission
- 15 Modified Clutch
- 20 Modified braking system
- 25 Modified accelerator systems
- 31 Pedal adaptations and pedal safeguards
- 32 Combined service brake and accelerator systems
- 33 Combined service brake, accelerator and steering systems
- 35 Modified control layouts (lights switches, windscreen wiper/washer, horn, direction indicators, etc)
- 40 Modified steering
- 42 Modified rear/side view devices
- 43 Modified seating position
- 44 Modifications to motorcycles