

Floriana CMR 02 Malta

Tel. Nos. +00356 2296 2387, +00356 2296 2374

Fax. No. +00356 2296 2822

INCOME TAX ACT (Cap. 123) <u>Application under the Residents Scheme Regulations, 2004</u>

Applicant's Details: (Please use Latin Alphabet)

Surname:		Forenam	Forename(s):		
Maiden Surname:		Nationali	Nationality:		
v		Passport	'Identity Card No:		
		Place & I	Place & Date of Issue:		
Father's Name:	Father's Name:		Mother's Name and		
		her Maid	den Surname:		
Marital Status:			Maltese Income Tax Registration No. (if applicable):		
Date of Marriage:					
Tax Identification	No. in Residence co	untry: Gender:	Gender: Male/Female		
Postal Address of	Аррисанс.		ntative's Name and Surname and Idress (if applicable):		
Personal:	Tel. No.:	Fax No:	E-mail:		
Representative:					

Spouse Details (if applicant is married):

Surname:	Forename(s):
Maiden Surname:	Nationality:
Date of Birth:	Passport/Identity Card No:
Place of Birth:	Place & Date of Issue:
Father's Name:	Mother's Name and
	her Maiden Surname:
Maltese Income Tax Registration No. (if applicable):	

Details of dependants:

(Sons and/ or daughters under 21 years and parents or grandparents financially dependant on applicant)

	Surname:	Forename:	Relationship to applicant	Nationality:	Date of Birth:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Documentary Evidence to be produced with this application

Checklist of Documents Attached (see note 1)	√
Bankers' Certificate or equivalent. (see note 2)	
Conduct Certificate/s (see note 3)	
Marriage Certificate/s or Full Birth Certificate/s (see note 4)	
Lease Agreement or Deed of Purchase of Immovable Property in Malta (as applicable)	
Declaration: (If dependants on application include parents or grandparents) (see note 5)	
Three (3) recent passport size photographs of each person mentioned on application and relevant pages of passport of each person mentioned on application.	

-		-						
D	e	c١	Я	r	Я	Ħ	n	n

I declare that:

- all the information given in this application is true, complete and correct.
- I am aware that the Commissioner of Inland Revenue has the right to verify the information given on this form as permitted by law.
- I bind myself to inform immediately the Commissioner of Inland Revenue of any change in circumstances by means of a new application.

Signature of applicant				
Full Name & Surname: (In Block Letters)		Date	//	
Please ensure that you have	e completed all the parts of this form which	are applica	ble to you.	

The Inland Revenue Department collects this information to process the application. We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also acquire information about you from third parties, or give information to them, to check the accuracy of information, to prevent or detect crime or to protect public funds in other ways as permitted by law. These third parties include other government departments and other competent authorities or entities. Otherwise, we will not disclose information about you to anyone outside the Inland Revenue Department unless the law permits us to.

The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. If you want to know more about the data we have about you, or the way we use such data, you may request such information in writing. Such request is to be addressed to The Data Controller, Block 3, Inland Revenue Department, Floriana CMR 03. In such requests, kindly quote your income tax registration number, your name and address and other relevant data to identify your case.

General Notes

- Note 1: (i) The supporting documents, indicated under notes 2 to 5 below, deposited with this application <u>MUST</u> be certified original documents attested for correctness by a warranted notary public of the country of nationality. Furthermore, all supporting documents must be legalised by the Ministry of Foreign Affairs of the country of nationality and counter-legalised by an official of the Malta Diplomatic Mission in the country of nationality.
 - (ii) An administrative fee of €115, or equivalent in foreign currency, is charged by the Malta Diplomatic Mission against an official receipt, for the processing of the application and its transmission to Malta. This fee is not refundable even in those instances where the Commissioner refuses the application.
- Note 2: A certificate issued by a relevant institution or professional e.g. banker or accountant confirming (i) that you have an annual income equivalent to ϵ 23,000 arising outside Malta or (ii) capital equivalent to ϵ 349,000. It must also certify that you will be able to import into Malta a minimum annual income of ϵ 13,950 plus ϵ 2,300 for each dependant
- Note 3: (i) Conduct Certificate(s) in respect of each person over 18 years, included in application, indicating whether the person had any criminal convictions and/or ongoing criminal proceedings, from the Police Authorities of any country where the person resided.
 - (ii) If the Conduct Certificate(s) does not show the above information, a Declaration on Oath before Commissioner for Oaths attesting information in (i) is required.
 - (iii) If Police Authorities do not issue the Conduct Certificate(s), character references would be required from any three of the following:
 - (a) your Bankers
 - (b) your Solicitors
 - (c) your Medical Practitioner
 - (d) your Employer (or previous employer)
 - (e) your Accountant; or
 - (f) any person of a similar standing

Together with a declaration as already specified in (ii).

- Note 4: A copy of the marriage certificate is required in the case of a married couple, a married woman who is applying on her own behalf, a divorced woman or a widow. Otherwise full birth certificate should be submitted.
- **Note 5:** A written declaration by the applicant stating that parents and/or grandparents are financially dependent on him.