

**APPLICATION DETAILS FOR THE EXERCISE OF ARTICLE 56(21) OF THE
INCOME TAX ACT IN TERMS OF THE TAX TREATMENT OF HIGHLY
SKILLED INDIVIDUAL'S RULES (REGULATION 5)**

GENERAL PARTICULARS OF EMPLOYEE

1. Surname _____
2. First Name(s) _____
3. Address outside Malta _____

4. Address in Malta _____
5. Telephone numbers (fixed line and mobile) _____
9. Email address _____
10. Date and place of birth _____
11. Nationality _____
12. Passport Number _____
13. ID number _____
14. First year when Tax paid in Malta _____
15. Property owned or leased _____
16. Number of years in the property _____

EMPLOYER'S DETAILS

1. Name of Company/Organisation _____
2. Type of Sub-Sector _____
3. Name & Surname of Employer _____
4. ID number _____
5. Designation _____
6. Employer's Business Address _____
7. Employer's telephone number _____
8. Email address _____
9. Employer's PE number _____

EMPLOYMENT DETAILS

10. Occupation/ Position Held: _____
11. Date of Commencement _____
12. Duration of Employment _____
13. Annual Salary _____
14. Main Activities and Responsibilities:

DECLARATION:

1. No benefit under Article 6 of the Income Tax Act
2. Residence in an accommodation regarded as normal for a comparable family in Malta and which meets the general health and safety standards in force in Malta
3. All income from the qualifying contract of employment is duly declared Maltese Income Tax purposes
4. In the case of Third Country Nationals, I am in possession of an authorisation permitting me to work in Malta or of an employment license, or am otherwise exempt from such a requirement.
5. The information stated in the Application Form and in the Declaration is true and correct.

Signature _____ Date _____

ENCLOSURES

PQ approval letter	<input type="checkbox"/>
Contract of purchase / lease of immovable property	<input type="checkbox"/>
Health insurance for the applicant and any dependents	<input type="checkbox"/>
Contract of employment which includes position description.	<input type="checkbox"/>
FS4	<input type="checkbox"/>
Copy of Passport/ I.D. card/ Residence Card	<input type="checkbox"/>
Proof of Residence - a copy of utility bill (not of mobile telephone) or bank statement not older than 6 months	<input type="checkbox"/>
Clear Tax Compliance certificate if applicant was eligible to pay tax prior to HSI	<input type="checkbox"/>

In addition to the above, Non PQd individuals are to also submit –

Police conduct certificates for jurisdictions where the applicant has lived in for a period of over 12 months within the last ten years	<input type="checkbox"/>
C.V.	<input type="checkbox"/>
Certificates attesting to formal qualifications	<input type="checkbox"/>

The above duly filled in form and supporting documentation can be sent via email to hqpapplications@mfsa.mt.