



Certificate No. :

Date :

Dear Sir/Madam,

In terms of Regulation 3(c) of the Residents Scheme Regulations, 2004 and condition (e) of your Residence Permit Certificate, you are requested to fill in the attached Annual Declaration.

The attached Annual Declaration, together with the necessary documents, are to be sent to the Expatriates Section, Inland Revenue Department, Floriana by not later than 30 June, 2022.

f/Commissioner for Revenue



Income Tax Reference No. _____

Annual declaration by holders of a residence permit under the Immigration Act and the Residents Scheme Regulations, 2004

I declare that:

1. During the period 1 January to 31 December 2021, I have remitted, net of any re-transfers out of Malta, the amount of € _____. (*Attach a detailed remittance statement, showing full debit and credit entries. The remittance statement is to be certified by a professional and supported by detailed bank statements.*)
2. (a) During the period 1 January to 31 December 2021, I had an income of not less than €23,000 arising outside Malta or had in my possession capital of not less than €349,000.

(b) Attach a declaration showing all your income arising in Malta during the year. (Such declaration is to be attested by a professional).
3. I confirm that I still reside in _____ and no change in residence has been affected during 2021; (address would need to be compared with previous declarations from taxpayer register services)

or

- I have changed my place of residence during 2021 and I now reside in a property purchased at a price of not less than €270,000 (if situated in the North of Malta) or of not less than €220,000 (if situated in the South of Malta or in Gozo) / I now reside in a leased property which I rent for not less than €9,600 per annum (if situated in the North of Malta) and of not less than €8,700 per annum (if situated in the South of Malta) (attach a copy of the deed of purchase or of the lease agreement as applicable)
4. The property being declared as my place of residence is not being rented to or shared with other holders of a residence permit or third parties who do not qualify as my dependents in terms of the Rules.
 5. All my dependants and I are covered by a health insurance policy in respect of all medical risks in Malta. (*Attach a copy of the health insurance policy.*)
 6. The number of days my dependants and I have resided in Malta during the period between 1 January to 31 December 2021 is set out in the attached document. (*Please attach a signed document with the names of each person covered by your residence certificate and the number of days each individual has resided in Malta during the period.*)

Date _____

Signature _____

Name in block letters: