

# APPLICATION FOR THE EXERCISE OF ARTICLE 56 (21) OF THE INCOME TAX ACT HIGHLY QUALIFIED PERSONS – FOR AN EEA/SWISS/3<sup>RD</sup> COUNTRY NATIONAL, (RULE 11 (2) HIGHLY QUALIFIED PERSONS RULES, 2011)

*Application to be completed by persons who have submitted a personal questionnaire to the Malta Financial Service Authority*

## GENERAL PARTICULARS OF EMPLOYEE

1. Surname: \_\_\_\_\_ 2. First Name (s): \_\_\_\_\_
3. Address outside Malta: \_\_\_\_\_
4. Post Code: \_\_\_\_\_
5. Address in Malta: \_\_\_\_\_
6. Post Code: \_\_\_\_\_
7. Tel. No.: \_\_\_\_\_ 8. Mobile No.: \_\_\_\_\_
9. Fax No.: \_\_\_\_\_ 10. Email Address: \_\_\_\_\_
11. Place of Birth: \_\_\_\_\_ 12. Date of Birth: \_\_\_\_\_
13. Nationality: \_\_\_\_\_ 14. Passport/ID No.: \_\_\_\_\_
15. Immovable Property in Malta: \_\_\_\_\_ Owned <sup>1</sup> Leased <sup>2</sup>  
(include number of years owned or leased)
16. Health Insurance Possessed <sup>3</sup>

## EMPLOYER'S DETAILS

17. Name of Company/Organisation: \_\_\_\_\_
18. Type of Business/Sector: \_\_\_\_\_
19. Name & Surname of Employer: \_\_\_\_\_
20. I.D. No.: \_\_\_\_\_ 21. Designation: \_\_\_\_\_
22. Employer's Business Address: \_\_\_\_\_
23. Post Code: \_\_\_\_\_
24. Tel. No.: \_\_\_\_\_ 25. Email Address: \_\_\_\_\_
26. Fax No.: \_\_\_\_\_ 27. Employer's PE No.: \_\_\_\_\_

<sup>1</sup> Attach Contract of Purchase of Immovable

<sup>2</sup> Attach Lease Contract

<sup>3</sup> Attach Health Insurance Policy

## EMPLOYMENT DETAILS

28. Occupation/Position Held:

- Chief Executive Officer     Chief Risk Officer     Chief Financial Officer     Chief Operations Officer
- Chief Technology Officer     Portfolio Manager     Chief Investment Officer     Senior Trader/Trader
- Senior Analyst     Actuarial Professional     Chief Underwriting Officer     Chief Insurance  
Technical Officer
- Head of Marketing     Head of Investor Relations

29. Date of Commencement: \_\_\_\_\_<sup>4</sup>    30. Duration of Employment: \_\_\_\_\_

31. Main Activities and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 5

32. Basic Wage: \_\_\_\_\_    33. Fringe Benefits: \_\_\_\_\_

Declaration:

I, the undersigned, being and EU/EEA/Swiss/3<sup>rd</sup> country citizen, hereby apply for the option provided under Article 56 (21) of the Income Tax Act. I hereby declare that:

I am not domiciled in Malta, I have not been domiciled in Malta and I do not intend to reside in Malta permanently; I am not benefitting, I have not benefitted and I hereby irrevocably waive my right to the benefit under Article 6 of the Income Tax Act;

I am in receipt of stable and regular resources which are sufficient to maintain myself and my family without recourse to the social assistance system in Malta;

I reside 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

I am in possession of a valid travel document;

I am in possession of a health insurance for myself and my family in respect of all risks normally covered for Maltese nationals;

All income from the qualifying contract of employment is duly declared in my Malta Income Tax Return;

The minimum amount of income received from the qualifying contract will amount to Euro 75,000 or more;

The above information stated in the Application Form and in the Declaration is true and correct.

Signature of Employee: \_\_\_\_\_    Date: \_\_\_\_\_

## ENCLOSURES

- Contract of Purchase of Immovable Property
- Lease Contract of Immovable Property
- Health Insurance Policy
- Contract of Employment
- FS4

<sup>4</sup> Attach FS4

<sup>5</sup> Attach Contract of Employment