

**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)**

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*Application to be completed by employees of companies licensed by the Malta Gaming Authority*

**GENERAL PARTICULARS OF EMPLOYEE**

1. Surname: \_\_\_\_\_ 2. First Name (s): \_\_\_\_\_

3. Address outside of Malta: \_\_\_\_\_

\_\_\_\_\_ 4. Post Code: \_\_\_\_\_

5. Address in Malta: \_\_\_\_\_

\_\_\_\_\_ 6. Post Code: \_\_\_\_\_

7. Telephone Number: \_\_\_\_\_ 8. Mobile Number: \_\_\_\_\_

9. Fax Number: \_\_\_\_\_ 10. Email Address: \_\_\_\_\_

11. Place of Birth: \_\_\_\_\_ 12. Date of Birth: \_\_\_\_\_

13. Nationality: \_\_\_\_\_

14. Passport / ID No. / IT 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>

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

<sup>2</sup> Attach Lease Contract

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

## WORK EXPERIENCE – EMPLOYER'S DETAILS

17. Name of Company/Organisation: \_\_\_\_\_

18. Licence Number(s) issued by the Malta Gaming Authority under which the company operates:

\_\_\_\_\_  
\_\_\_\_\_

19. Type of Business/Sector: \_\_\_\_\_

20. Name & Surname of Employer: \_\_\_\_\_

21. I.D. No.: \_\_\_\_\_ 22. Designation: \_\_\_\_\_

23. Employer's Business Address: \_\_\_\_\_

\_\_\_\_\_  
24. Post Code: \_\_\_\_\_

25. Telephone Number: \_\_\_\_\_ 26. Email Address: \_\_\_\_\_

27. Fax Number: \_\_\_\_\_ 28. Employer's PE No.: \_\_\_\_\_

## WORK EXPERIENCE – EMPLOYMENT DETAILS

29. Occupation/Position Held:

- Chief Executive Officer       Chief Financial Officer       Chief Operations Officer
- Chief Technology Officer       Chief Commercial Officer       Odds Compiler Specialist
- Head of Investor Relations       Portfolio Manager       Senior Trader/Trader
- Chief Risk Officer including Fraud and Investigations Officer
- Senior Analyst including Structural Professional
- Head of Marketing including Head of Distribution Channels

Head of Research and Development including Search Engine Optimization and Systems Architecture

30. Date of Commencement: \_\_\_\_\_<sup>4</sup> 31. Duration of Employment: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ <sup>5</sup>

33. Basic Wage: \_\_\_\_\_ 34. Fringe Benefits: \_\_\_\_\_

## EDUCATION QUALIFICATIONS

### Post Secondary Qualifications

35. Name of Certification: \_\_\_\_\_ <sup>6</sup>

36. Commencement Date: \_\_\_\_\_ 37. Completion Date: \_\_\_\_\_

38. Name of Organisation Providing Certification: \_\_\_\_\_

39. Name and Surname of Director of Studies: \_\_\_\_\_

40. Address: \_\_\_\_\_

\_\_\_\_\_

41. Telephone Number: \_\_\_\_\_ 42. Fax Number: \_\_\_\_\_

43. Email Address: \_\_\_\_\_ 44. Website: \_\_\_\_\_

\_\_\_\_\_

<sup>4</sup> Attach FS4

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

<sup>6</sup> Attach copies of Post Secondary Qualification Certificates

**Tertiary Qualifications**

45. Name of Certification: \_\_\_\_\_<sup>7</sup>

46. Commencement Date: \_\_\_\_\_ 47. Completion Date: \_\_\_\_\_

48. Name of Organisation Providing Certification: \_\_\_\_\_

49. Name and Surname of Director of Studies: \_\_\_\_\_

50. Address: \_\_\_\_\_

\_\_\_\_\_

51. Telephone Number: \_\_\_\_\_ 52. Fax Number: \_\_\_\_\_

53. Email Address: \_\_\_\_\_ 54. Website: \_\_\_\_\_

**Post Tertiary Qualifications**

55. Name of Certification: \_\_\_\_\_<sup>8</sup>

56. Commencement Date: \_\_\_\_\_ 57. Completion Date: \_\_\_\_\_

58. Name of Organisation Providing Certification: \_\_\_\_\_

59. Name and Surname of Director of Studies: \_\_\_\_\_

60. Address: \_\_\_\_\_

\_\_\_\_\_

61. Telephone Number: \_\_\_\_\_ 62. Fax Number: \_\_\_\_\_

63. Email Address: \_\_\_\_\_ 64. Website: \_\_\_\_\_

\_\_\_\_\_  
<sup>7</sup> Attach copies of Tertiary Qualification Certificates

<sup>8</sup> Attach copies of Post Tertiary Qualification Certificates

## PROFESSIONAL QUALIFICATIONS

### Previous Employment Details

65. Name of Company/Organisation: \_\_\_\_\_

66. Type of Business/Sector: \_\_\_\_\_

67. Name & Surname of Employer: \_\_\_\_\_

68. I.D/Passport No.: \_\_\_\_\_ 69. Designation: \_\_\_\_\_

70. Employer's Business Address: \_\_\_\_\_

\_\_\_\_\_ 71. Post Code: \_\_\_\_\_

72. Telephone Number: \_\_\_\_\_ 73. Email Address: \_\_\_\_\_

74. Fax Number: \_\_\_\_\_ 75. Employer's PE No.: \_\_\_\_\_

76. Date of Commencement: \_\_\_\_\_ 77. Duration of Employment: \_\_\_\_\_

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

\_\_\_\_\_ <sup>9</sup>

\_\_\_\_\_  
<sup>9</sup> Attach Previous Employer's Reference Letter

## DECLARATION

I, the undersigned, being an 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:

- a) I am not domiciled in Malta, I have not been domiciled in Malta and I do not intend to reside in Malta permanently;
- b) 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;
- c) 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;
- d) 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;
- e) I am in possession of a valid travel document;
- f) I am in possession of a health insurance for myself and my family in respect of all risks normally covered for Maltese nationals ;
- g) All income from the qualifying contract of employment is duly declared in my Malta Income Tax Return;
- h) The minimum amount of income received from the qualifying contract will amount to Euro 75,000 or more<sup>10</sup>;
- i) The above information stated in the Application Form and in the Declaration is true and correct.

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

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<sup>10</sup> See Rule 5 (1), Highly Qualified Persons Rules, 2011

