

**APPLICATION FOR THE EXERCISE OF ARTICLE 56 (21) OF THE INCOME TAX ACT
HIGHLY QUALIFIED PERSONS - FOR AN EEA/SWISS/^{3RD} COUNTRY NATIONAL,
(RULE 11 (2) HIGHLY QUALIFIED PERSONS RULES, 2011)**

Application to be completed by employees who have not submitted a personal questionnaire to the Malta Financial 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 ¹ Leased ²
(include number of years owned or leased)
16. Health Insurance Possessed ³
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WORK EXPERIENCE - 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.: _____

¹ Attach Contract of Purchase of Immovable

² Attach Lease Contract

³ Attach Health Insurance Policy

WORK EXPERIENCE - 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: _____⁴ 30. Duration of Employment: _____

31. Main Activities and Responsibilities: _____

_____ ⁵

32. Basic Wage: _____ 33. Fringe Benefits: _____

EDUCATION QUALIFICATIONS

Post Secondary Qualifications:

34. Name of Certification: _____ ⁶

35. Commencement Date: _____ 36. Completion Date: _____

37. Name of Organisation Providing Certification: _____

38. Name and Surname of Director of Studies: _____

39. Address: _____

40. Tel. No.: _____ 41. Fax No.: _____

42. Tel. No.: _____ 43. Fax No.: _____

Tertiary Qualifications:

44. Name of Certification: _____ ⁷

45. Commencement Date: _____ 46. Completion Date: _____

47. Name of Organisation Providing Certification: _____

48. Name and Surname of Director of Studies: _____

49. Address: _____

50. Tel. No.: _____ 51. Fax No.: _____

52. Tel. No.: _____ 53. Fax No.: _____

⁴ Attach FS4

⁵ Attach Contract of Employment

⁶ Attach copies of Post Secondary Qualification Certificates

⁷ Attach copies of Tertiary Qualification Certificates

Post Tertiary Qualifications:

54. Name of Certification: _____⁸
55. Commencement Date: _____ 56. Completion Date: _____
57. Name of Organisation Providing Certification: _____
58. Name and Surname of Director of Studies: _____
59. Address: _____
60. Tel. No.: _____ 61. Fax No.: _____
62. Tel. No.: _____ 63. Fax No.: _____

PROFESSIONAL QUALIFICATIONS - Previous Employment Details:

64. Name of Company/Organisation: _____
65. Type of Business/Sector: _____
66. Name & Surname of Employer: _____
67. I.D/Passport No.: _____ 68. Designation.: _____
69. Employer's Business Address: _____
70. Post Code: _____
71. Tel. No.: _____ 72. Email Address: _____
73. Fax No.: _____ 74. Employer's PE No.: _____
75. Date of Commencement: _____ 76. Duration of Employment: _____
77. Main Activities and Responsibilities: _____
- _____
- _____

⁸ Attach copies of Post Tertiary Qualification Certificates

⁹ Attach Previous Employer's Reference Letter

Declaration:

I, the undersigned, being and EU/EEA/Swiss/^{3rd} 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;
- i) 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 | <input type="checkbox"/> |
| Lease Contract of Immovable Property | <input type="checkbox"/> |
| Health Insurance Policy | <input type="checkbox"/> |
| Contract of Employment | <input type="checkbox"/> |
| FS4 | <input type="checkbox"/> |
| Copies of Post Secondary Certifications | <input type="checkbox"/> |
| Copies of Tertiary Certifications | <input type="checkbox"/> |
| Copies of Post Tertiary Certifications | <input type="checkbox"/> |
| Previous Employer's Reference Letters | <input type="checkbox"/> |