



**APPLICATION FOR THE REGISTRATION OF AN EMPLOYER
ON BEHALF A COMPANY OR OTHER BODY OF PERSONS
(in terms of the Final Settlement System Rules LN88/98)**

PE FOR OFFICE USE ONLY

DETAILS OF COMPANY*

Name of Company: _____
Income Tax No.: _____ ROC No.: _____
Address
Door/House: _____
Street: _____
Locality: _____ Post Code: _____

BUSINESS DETAILS

Business Name: _____
Locality: _____
VAT No.: _____
Tel No.: _____ Fax No.: _____
email: _____
Date of First Employment: _____
Number of Employees at Start-up: _____

I, the undersigned, on behalf of the above-mentioned company, apply for registration as an employer under the Final Settlement System, Rules (Legal Notice 88 of 1998) and declare that:

- I will assume the obligations of a payer under these Rules;
- I am fully aware of all the requirements in relation to the above obligations; and
- any Class 1 Social Security contributions that I remit to the Inland Revenue Department are strictly in respect of employees that are insurable in Malta.

I also declare that should I cease to carry my function as a payer I will inform the department accordingly.

Name: _____ Designation: _____

Signature: _____ Date: _____

The Inland Revenue Department uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted by law. The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. Any queries may be addressed to the Data Controller, Inland Revenue Department, Floriana FRN 0170

*'company' includes other body of persons