



# Focus Business Services (Malta) Limited

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# EXPATRIATES TAXPAYER REGISTRATION FORM

## DETAILS OF TAXPAYER

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I.D./Passport No: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Local Address

Door/House: \_\_\_\_\_

Street: \_\_\_\_\_

Locality: \_\_\_\_\_ Post Code: \_\_\_\_\_

## TAX DETAILS (complete where applicable)

Date of Arrival: \_\_\_\_\_

Purpose of Registration:  Employment  Settler (retired)  
 Marriage to Maltese  Returned Migrant  
Other \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

## SPOUSE DETAILS (applicable only if spouse is resident in Malta)

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Maiden Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I.D./Passport No.: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

## OTHER CONTACT DETAILS (employer or other representative, where applicable)

Name: \_\_\_\_\_

Address

Door/House: \_\_\_\_\_

Street: \_\_\_\_\_

Locality: \_\_\_\_\_ Post Code: \_\_\_\_\_

I hereby undertake to inform the Inland Revenue Department should there be any significant changes regarding information in this form

Signature: \_\_\_\_\_ Date: \_\_\_\_\_