

Focus Business Services (Malta) Limited

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Inland Revenue Department - Malta

Tel: (00356) 2296 2296 email: taxpayerservice.ird@gov.mt_url: www.ird.gov.mt Floriana, FRN0170

EXPATRIATES TAXPAYER REGISTRATION FORM

DETAILS OF TAXPAYER	3	
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	e where applicable)	
Date of Arrival:		
Purpose of Registration:	Employment Settler (retired)	
	Marriage to Maltese Returned Migrant Other	
Date of Employment:	Social Security No.:	
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SPOUSE DETAILS (app	licable only if spouse is resident in Malta)	
SPOUSE DETAILS (app	licable only if spouse is resident in Malta)	
	licable only if spouse is resident in Malta)	
Name:	licable only if spouse is resident in Malta)	
Name: Surname:	licable only if spouse is resident in Malta) Place of Birth:	
Name: Surname: Maiden Surname:		
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.:	Place of Birth:	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.:	Place of Birth: Date of Marriage:	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.: OTHER CONTACT DETA	Place of Birth: Date of Marriage:	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.: OTHER CONTACT DETA	Place of Birth: Date of Marriage:	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.: OTHER CONTACT DETA Name: Address	Place of Birth: Date of Marriage: AILS (employer or other representative, where applicable)	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.: OTHER CONTACT DETA Name: Address Door/House:	Place of Birth: Date of Marriage: AILS (employer or other representative, where applicable)	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.: OTHER CONTACT DETA Name: Address Door/House: Street: Locality:	Place of Birth: Date of Marriage: AILS (employer or other representative, where applicable) Post Code: The Inland Revenue Department should there by any significant	
Name: Surname: Maiden Surname: Date of Birth: I.D./Passport No.: OTHER CONTACT DETA Name: Address Door/House: Street: Locality: I hereby undertake to information	Place of Birth: Date of Marriage: AILS (employer or other representative, where applicable) Post Code: The Inland Revenue Department should there by any significant	

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