



Focus Business Services (Malta) Limited

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PE NUMBER RE-ACTIVATION FORM

(in terms of the Final Settlement System Rules LN88/98)

DETAILS OF EMPLOYER

Name: _____
Income Tax No.: _____
PE Number: _____ ETC Reg No.: _____
Address
Door/House: _____
Street: _____
Locality: _____ Post Code: _____
Telephone No.: _____

BUSINESS DETAILS

Business Name: _____
Locality: _____

I, the undersigned, on my behalf or as representative of the above-mentioned payer, hereby request that the PE number quoted above be re-activated in view of the fact that I have resumed employing personnel as from _____

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

Name: _____ Designation: _____

Signature: _____ Date: _____