



# Focus Business Services (Malta) Limited

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# PE NUMBER DE-ACTIVATION FORM

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

DETAILS OF EMPLOYER	
Name:	_____
Income Tax No.:	_____
PE Number:	_____ ETC Reg No.: _____
Telephone No.:	_____

BUSINESS DETAILS	
Business Name:	_____
Locality:	_____

I, the undersigned, on my behalf or as representative of the above-mentioned payer, hereby declare that the last day I employed personnel was on \_\_\_\_\_ and I never employed anyone as from that date.

I also declare that:

- I have furnished all the relevant FS3 documents to all my employees; and
- I have remitted to the Commissioner of Inland Revenue all outstanding tax deductions together with the monthly FS5 documents, the annual re-conciliation statement (FS7) and the statement of earnings (FS3).

In view of my compliance to the above I request that the PE number be de-activated.

Furthermore, I also declare that should I resume employing personnel I will inform the department accordingly.

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

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