# Application Form

# Macintosh HD:Users:nigelanastasi:Desktop:dots-01.pngQualifying Employment in Innovation and Creativity (Personal Tax)





**To be filled in by Malta Enterprise Corporation**

Date Received

& Stamp

**1. GENERAL PARTICULARS OF APPLICANT**

|  |  |
| --- | --- |
| 1.1. Surname: |  |
| 1.2. First Name(s): |  |

|  |  |
| --- | --- |
| 1.3. Address outside of Malta: |  |
|  |
| Post Code: |  |

|  |  |
| --- | --- |
| 1.4. Address in Malta: |  |
|  |
| Post Code: |  |

|  |  |
| --- | --- |
| 1.5. Telephone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1.6. Mobile Number: |  |  |  |

|  |  |
| --- | --- |
| 1.7. Email Address: |  |

|  |  |
| --- | --- |
| 1.8. Place of Birth: |  |

|  |  |
| --- | --- |
| 1.9. Date of Birth |  |

|  |  |
| --- | --- |
| 1.10. Nationality: |  |

|  |  |
| --- | --- |
| 1.11. Passport / ID No.: |  |
|  |  |
| 1.12 Income Tax Number: |  |

|  |  |  |
| --- | --- | --- |
| 1.12. Immovable Property in Malta: | Owned[[1]](#footnote-2)  Leased[[2]](#footnote-3) | |
| Number of years owned or leased | |  |

|  |  |
| --- | --- |
| 1.13. Health Insurance Possessed[[3]](#footnote-4) | Yes  No |

**2. EMPLOYER’S DETAILS**

|  |  |
| --- | --- |
| 2.1. Name of Organisation: |  |

|  |  |
| --- | --- |
| 2.2. Company Number |  |

|  |  |
| --- | --- |
| 2.3. Address: |  |
|  |
| Post Code: |  |

|  |  |
| --- | --- |
| 2.4. Contact Person[[4]](#footnote-5) |  |
|  |  |
| 2.5 Designation |  |

|  |  |
| --- | --- |
| 2.6. Telephone Number: |  |

|  |  |
| --- | --- |
| 2.7. Email Address: |  |

|  |  |
| --- | --- |
| 2.8. Describe business activity |  |

|  |  |
| --- | --- |
| 2.9. PE Number[[5]](#footnote-6): |  |

**3. EMPLOYMENT DETAILS**

To benefit from this measure, the applicant needs to demonstrate that she/he is employed in a role directly engaged in industrial research, experimental development, product development, product design, product or process innovation or is a member of the senior management of the company.

|  |  |
| --- | --- |
| 3.1 Position Held: |  |

|  |  |
| --- | --- |
| 3.2 Description of main tasks and duties:[[6]](#footnote-7) |  |

3.3 The role entails that I shall be engaged in:

Choose One

|  |  |
| --- | --- |
| 3.4 Justify the selection above with reference to your job description and /or contract of employment. |  |

|  |  |
| --- | --- |
| 3.5 Commencement Date:[[7]](#footnote-8) | Click here to enter a date. |

|  |  |
| --- | --- |
| 3.6 Basic Wage (€): |  |

**4. Qualification and Experience**

Applicants are required to hold any qualification issued by an educational establishment attesting the successful completion of studies at post-graduate level[[8]](#footnote-9) and as recognised by the Malta Qualifications Recognition Information Centre or relevant experience of least three (3) years in a role comparable to the post the employee is employed in.

|  |  |
| --- | --- |
| 4.1 Name of Qualification[[9]](#footnote-10) |  |

|  |  |
| --- | --- |
| 4.2 Name of University or Institution that Awarded the Qualification |  |

|  |  |
| --- | --- |
| 4.3 Qualification level as confirmed by the Malta Qualifications Council[[10]](#footnote-11) | Choose an item. |

|  |  |
| --- | --- |
| 4.4 Describe previous work experience related to the role for which this fiscal measure is being requested[[11]](#footnote-12) |  |

4.5 Number of years of experience in a similar post:

**DECLARATION**

I, the undersigned, hereby apply for the option provided under Article 56 (21) of the Income Tax Act. I hereby declare that:

a) I am not benefitting, I have not benefitted and I hereby irrevocably waive my right to the benefit under Article 6 of the Income Tax Act;

c) I am in receipt of stable and regular resources which are sufficient to maintain myself and my family without recourse to the social assistance system in Malta;

d) I reside in an accommodation regarded as normal for a comparable family in Malta and which meets the general health and safety standards in force in Malta;

e) I am in possession of a valid travel document;

f) I am in possession of a Health Insurance for myself and my family in respect of all risks normally covered for Maltese nationals;

g) All income from the qualifying contract of employment is duly declared in my Malta Income Tax Return;

h) The minimum amount of income received from the qualifying contract will amount a minimum of €45,000;

i) The above information stated in the Application Form and in the Declaration is true and correct.

Name and Surname of Applicant:

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

**Data Protection**

|  |  |
| --- | --- |
| A. | Contact email address of the Data Protection Officer: [dpo@maltaenterprise.com](mailto:dpo@maltaenterprise.com) |
| B. | The legal basis and purpose of processing:  The personal data collected by Malta Enterprise (hereinafter ‘the Corporation) via this written application for the aid and its subsequent processing by the Corporation to evaluate data subject’s request for aid under the Scheme is in line with:   1. The Scheme Incentive Guidelines; 2. Article 28 of the Malta Enterprise Act; 3. Commission Regulation (EU) No 651/2014 of 17th June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty as amended by Commission Regulation (EU) No 2017/1084 of 14 June 2017 amending Regulation (EU) No 651/2014 as regards aid for port and airport infrastructure, notification thresholds for aid for culture and heritage conservation and for aid for sport and multifunctional recreational infrastructures, and regional operating aid schemes for outermost regions and amending Regulation (EU) No 702/2014 as regards the calculation of eligible costs(hereinafter referred to as the ‘General Block Exemption Regulations’ (for Schemes notified under the General Block Exemption Regulations); 4. COMMISSION REGULATION (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to *de minimis* aid (*de minimis* Regulation); 5. Data Protection Act, Chapter 440 of the Laws of Maltaand Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). 6. Income Tax Act (CAP. 123)   The legitimate basis to process personal data submitted by the data subject by virtue of his/her written application for aid is Regulation 6 (1)(b) of the General Data Protection Regulation (“GDPR”), as ‘*processing is necessary in order to take steps at the request of the data subject prior to entering into a contract*’. |
| C. | Data retention period:  The data collected by the Corporation as submitted by the data subject via this written application for aid will be retained for a period of 10 years from the last aid granted to the Undertaking represented by the data subject in relation to this written application for aid, in line with the Scheme Incentive Guidelines and Article 12 of the General Block Exemption Regulations or Article 6 of the *de minimis* Regulation. |
| D. | 1. Pursuant to the Regulation, you have the right to access the personal data, rectify inaccurate personal data, request to erase personal data and request the Corporation to restrict the processing of personal data.   To exercise such rights, you are to submit a written request to the Data Protection Officer via the contact e-mail address.  Any erasing and/or rectification of personal data and/or restriction of processing as referred to above may:   * 1. Render one or more cost items or the Undertaking ineligible for assistance under the Scheme or render void an Incentive Entitlement Certificate issued in favour of the Undertaking for assistance under the Scheme in relation to this written application for aid;   Lead the Corporation to enforce a recovery of aid granted to the Undertaking as part of this written application for aid, in line with Article 32 of the Malta Enterprise Act. |
| E. | Sharing of data where strictly necessary and required by law:  For the purpose of processing this written application for aid in line with the Scheme Incentive Guidelines, the General Block Exemption Regulations or the Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to *de minimis* aid (hereinafter referred to as the ‘*de minimis Regulations*’), the Corporation shall share the data provided via this application with other Government Entities, subject that such processing satisfies at least one of the grounds listed under Regulation of the GDPR. |
| F. | For the purpose of monitoring of aid in line with Article 6 of the *de minimis* Regulations and Articles 11 and 12 of the General Block Exemption Regulations or where legally required, any data provided as part of this written application for aid may be shared with the European Commission. |
| G. | For any individual aid awarded in excess of €500,000 as part of this written application for aid, the details of the Beneficiary, the awarded aid and the project details shall be published as provided for in Article 9 of the General Block Exemption Regulation. |
| H. | If you feel that your data protection rights have been infringed, you have the right to lodge a complaint with the Information and Data Protection Commissioner. |
| I. | Authorisation to engage with the Corporation on matters related to this application.  I the undersigned, as legal representative of the Applicant Undertaking, authorise the following Legal Bodies and/or Natural Persons to act on my behalf with Malta Enterprise Corporation with respect to matters related to this written application for aid and any subsequent documentation exchanged between the two parties in relation to the same written application for aid.   |  |  |  | | --- | --- | --- | | **Name of Legal Entity** | **Name and Surname of Natural Person granted authorisation(1)** | **E-mail address of party granted authorisation(2)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Note 1: Leave empty if authorisation is intended to any natural person engaged with the Legal Entity. Otherwise specify the name and surname of the person(s) working for the Legal Entity to whom the authorisation is intended. Note 2: Written communication with the Legal Entity and/or Natural Person granted authorisation via email will only be accepted via the email address specified in the table above. The Undersigned should be copied (via the email address specified in this application) in any communication between the Corporation and the Person granted authorisation as per above table. |
| J. | |  |  | | --- | --- | | **Name and Surname of person giving authorisation:** |  | | **E-mail address of person giving authorisation:** |  | | **Signature of person giving authorisation:** |  | | **Designation:** |  | | **Date:** |  | | *The person giving authorisation should correspond to the data subject of personal data contained in this application as well as represent the Applicant Undertaking as its legal representative.* | | |  | | |

**ENCLOSURES**

Contract of Purchase of Immovable Property

OR

Lease Contract of Immovable Property

Health Insurance Policy

Passport Copy

Attach curriculum vitae (endorsed by employer)

Attach a copy of the call details as published, endorsed by your employer.[[12]](#footnote-13)

Contract of Employment

FS4

Employment history from Jobsplus.

List of references or documentation indicating the previous relevant experience.

Copy of the qualification certification endorsed by the employer as a true copy of original and documentation issues by the Malta Qualifications Council of MQF level of your qualification.

1. Attach Contract of Purchase of Immovable [↑](#footnote-ref-2)
2. Attach Lease Contract [↑](#footnote-ref-3)
3. Attach Health Insurance Policy [↑](#footnote-ref-4)
4. Person responsible for HR.

   The applicant should inform the contact person that this application shall be submitted to the Corporation and the Corporation may contact the person listed down in Section 2.4 for any clarification the Corporation may have. [↑](#footnote-ref-5)
5. The PE number may be provided by your employer. [↑](#footnote-ref-6)
6. Attach Contract of Employment (including job description) [↑](#footnote-ref-7)
7. Attach FS4 [↑](#footnote-ref-8)
8. Post-graduate degree in science, engineering, design, creativity, product development or art. [↑](#footnote-ref-9)
9. Attach copy of certification endorsed by employer as a true copy of original. [↑](#footnote-ref-10)
10. Attach confirmation of qualification council of MQF level. [↑](#footnote-ref-11)
11. Attach curriculum vitae (endorsed by employer) [↑](#footnote-ref-12)
12. [↑](#footnote-ref-13)