



MALTA ENTERPRISE

Family Businesses Grant Mediation

Application Form

Supporting the family businesses to plan for transfer of ownership to facilitate the continuation of the business activity.

Version 1.0

Date: 01.06.2024

MALTA ENTERPRISE SHALL ONLY ACCEPT THIS FORM IF SUBMITTED THROUGH THE CLIENT PORTAL WHICH MAY BE ACCESSED FROM:

<https://clientportal.maltaenterprise.com/login>

Document Checklist

Application Form

Tax Compliance Status Certificate

issued by the Commissioner for Revenue not earlier than 12 months from the date of this application

Quotations

Quotations for the mediation services to be provided, issued by the supplier of the mediation services

Family Business Certificate

Issued by the Family Business Office certifying that the applicant is duly registered as a family business. The certificate is renewable annually and a current one is to be submitted.

De Minimis Declaration

The de minimis declaration should be filled in directly on the client portal as part of the application submission - it is found at the bottom of the application form. Applicants should include in this declaration, any de minimis support received up to 3 years (back) from the date of submission of this application form.

Applicant Details

Fields marked in red are required

Business Name

Application Reference

Registered Address

Sector

Town

Post Code

Country

Telephone Number

Website

Email

Primary Contact Person

Name

Designation

Telephone Number

Email

Family Business Certification Number

Certificate Date

Business type

Jobsplus Employer Number

Date established

Income Tax Number

VAT Number

Business Identification Number

Brief introduction of the company and business activity

Request for Support

Why are mediation services required?

What are the expected outcomes of the mediation services?

Name of Mediator

ID Card Number

Profession

Warrant Number
(if applicable)

Warrant Date

Rate / hour

Value of Support Requested

Family Business Office Authorisation

The Family Business Office has reviewed this application and hereby authorises Malta Enterprise to process the application and subsequently issue a Letter of Approval in favour of the applicant, in line with the aid intensity limits allowed by the guidelines.

Name of Officer authorising this request

Position

Date

Signature

Personal Data Protection Information and Consent to Process Data

Contact email address of the Data Protection Officer: dpo@maltaenterprise.com

Referring to Articles 13 and 14 of the GDPR, the Right to be Informed, you will find how Malta Enterprise processes the data in this application. Fill in any required data. [Malta Enterprise Data Protection Policy]

Authorisation to engage with the Corporation on matters related to the Application. (If Applicable)

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 the Application and any subsequent documentation exchanged between the two parties in relation to the same Application.

Name of Legal Entity	Name and Surname of Natural Person granted authorisation (see Note 1)	E-mail address of party granted authorisation (see Note 2)
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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 the Application) in any communication between the Corporation and the Person granted authorisation as per above table.

Employer Consent Form

The signature of this application confirms that any employment and personal data included in this application form is covered by the appropriate data subject consent as required by the prevalent Data Protection laws and regulations. The consent includes the sharing of data with other government entities where strictly necessary and required by law but also defines the purpose(s) for the processing of data of the captioned data subject/s in line with Article 5, Principles relating to processing of personal data and Article 7 Conditions of Consent of regulation (EU) 2016/679 dated 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 (General Data Protection Regulation). Should the data subject withdraw his/her consent to processing, the Corporation shall be informed immediately. Consequently, the Corporation may proceed with processing this data, verifying it with other agencies, and retain such data for the duration required by the applicable national and EU laws and regulations.

I, the undersigned hereby authorise Malta Enterprise Corporation to process the data contained in this form for the purpose stated in the consent to process data.

I declare that

I have read and understood the Incentive Guidelines.

Any information provided in this application form and any other information given in support of this application is correct and complete, and I shall inform the Corporation should anything to the contrary transpire following the submission.

To the best of my knowledge this application is in line with the requirements of the Incentive Guidelines.

I shall provide the Corporation with any further information and documentation requested in processing this application and understand that in not doing so the application maybe rejected.

The applicant business, and the single economic entity to which it belongs, have not been subject to an outstanding recovery order, issued by a previous decision of the European Commission

The applicant business, and the single economic entity to which it belongs, declares that if it has any judicial proceeding/s which is/are pending that may affect the business, the corporation shall be made aware with immediate effect.

The premises from which the business operates / will operate for the purpose of the project outlined in this application form are licensed to be used for the activities of the business.

The costs on which support is being requested are not covered, either in part or in full, by any other public aid scheme. Similarly, the business undertakes not to lodge any new applications for co-financing with other national or European authorities for any costs allocated to this Project.

The applicant undertakes to immediately inform the Corporation of any significant alteration in the proposed project or in the applicant's situation and capacity to implement the Project.

The business will repay any aid received, plus interest, in the event of improper management or failure to comply with the rules established in the applicable guidelines and regulations.

The applicant accepts that the value of any aid approved may be made public on a website for transparency.

The applicant accepts that information on the value of aid requested and other aspects of the application may be shared with other entities and bodies within the public sector to ensure compliance to state aid regulations and the laws of Malta.

Name and Surname of Signatory

Designation

Date

Signature