# Certify (Tax Credits)

# Consultancy Verification Form

The Incentive Guidelines for the Certify (Tax Credits) scheme specify that consultancy services must be provided by a consultant holding a degree relevant to the certification and who has at least five (5) years work experience in a sector similar to the one for which consultancy is provided. **This form may be used by business undertakings wishing to verify whether Malta Enterprise would consider a specific consultancy service leading to a qualifying certification as eligible for support under the Certify (Tax Credits).**

**THIS FORM SHOULD ONLY BE USED IF THE CERTIFICATION IS ALREADY INCLUDED IN THE LIST OF APPROVED CERTIFICATIONS.**





**For Office Use Only**

Reference Number

Date Received by the Corporation

Complete Application

|  |  |
| --- | --- |
| 1. Applicant Details | |
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| 1.1 Name of Applicant: | |
| This section should specify the legal name of the enterprise as defined in the Memorandum of Articles. In the case of Partnerships and Co-operatives the name outlined in the deed of partnership should be used in this section. In the case of Sole Traders, the name of the sole trader shall be inserted. |  |
| 1.2 Address of Applicant: | |
| This section should specify the address of the Applicant. The address inserted here will be used to address any mail correspondence to the Applicant. |  |
| 1.3 Applicant’s Telephone Number/s: | |
| The Applicant’s general telephone number/s. |  |
| 1.4 Applicant’s e-mail: | |
| The Applicant’s general e-mail address. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Verification of Consultancy Services**   |  |  | | --- | --- | | 2.1 Name of Certification | | | Enter the full name of the certification, quality mark or licence. | Choose an item.  \* If the certification is not listed please compile the [Certification Verification Form](http://www.maltaenterprise.com/en/support/certify-tax-credits) | |  | | |

## 2.2 Describe the Services required from the Consultant

## 2.3 List the activities and related deliverables resulting from the consultancy service and the anticipated outcomes.

# **3. Annexes**

CVs of the individuals providing the services;

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Declaration**  The undersigned hereby authorises Malta Enterprise Corporation to process the data contained in this form for the purpose stated above and declare that the information on this form and any other information given in support of this application is correct to the best of my knowledge.   |  |  | | --- | --- | | Name of Applicant (full legal name) |  |  |  |  | | --- | --- | | Name and Surname of signatory authorised to represent the Applicant (CAPITAL LETTERS) |  |  |  |  | | --- | --- | | Position in Establishment |  |  |  |  | | --- | --- | | Signature & Company Stamp |  |  |  |  | | --- | --- | | Date | Click here to enter a date. | |