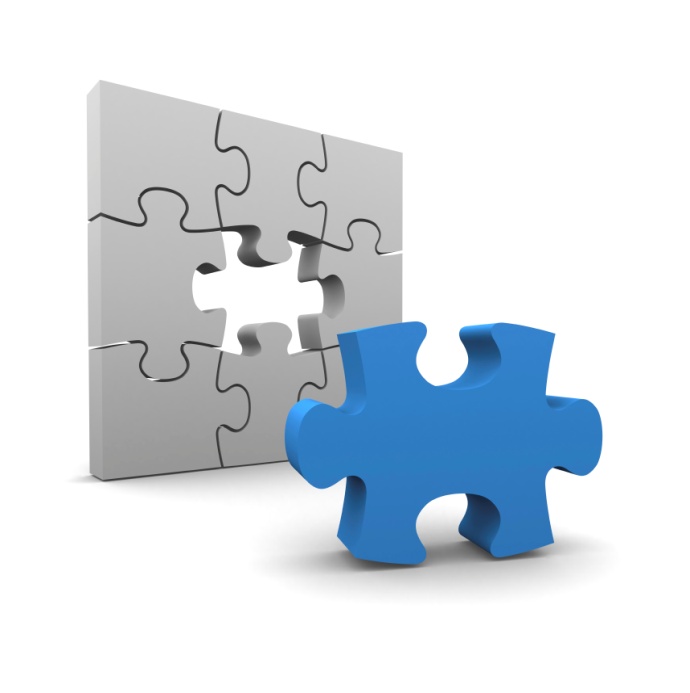
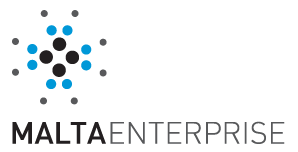
Declaration for payments paid by third parties

Get Qualified





**For Office Use Only:**

Reference Number

Date and Stamp received by the

Corporation

This form is to be filled in, in cases where the payments are being affected by parents, guardians, or by any person who is not the beneficiary.

This form is not to be filled in, in cases of sponsorships.

1. Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Choose an item. | Address |  |
| Given Name(s) |  |  |
| Surname |  |  |
| Date of Birth | Click here to enter a date. | Telephone & Mobile |  |
| ID Card Number |  | e-mail |  |

2. Course Details

|  |  |
| --- | --- |
| Name of Institute/University: |  |
| Name of Course: |  |
| Course fee amount: | € |
| Amount paid: | € |
| Received by: |  |

3. Details of person affecting the payment

|  |  |
| --- | --- |
| Title | Choose an item. |
| Name and Surname |  |
| ID Card Number/Passport Number |  |
| Method of Payment (such as by cheque or bank transfer) |  |
| Transaction Details (such as Cheque No.) |  |

4. Applicant’s Declaration

I, hereby declare that the information being submitted with regards to this information is correct.

I also confirm that the costs on which the tax credit is being claimed are not reimbursable from other sources or otherwise recoverable.

It is understood that only the student shall benefit from the tax credit, and any aid to be granted by Malta Enterprise is conditional to the completion of the study course.

By signing this declaration I hereby authorise Malta Enterprise Corporation to process the data contained in this form for the purpose stated. I also authorise Malta Enterprise Corporation, as the administrator of the scheme, to disclose to the Commissioner of the Inland Revenue, ETC, Education Department or any other Governmental Entity any information, documents and records which the Corporation may have obtained in connection with this application. I also authorise the Inland Revenue Department and Malta Enterprise to exchange any information related to the utilisation of the tax credits.

|  |  |
| --- | --- |
| **Signature of Student** | Click here to enter a date. |
| **Signature of person affecting the payment** |  |

5. Annex

Copy of ID Card/Passport of person affecting the payment