



# EXPATRIATES TAXPAYER REGISTRATION FORM

## DETAILS OF TAXPAYER

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
I.D./Passport No: \_\_\_\_\_  
Name of Father: \_\_\_\_\_  
Local Address  
Door/House: \_\_\_\_\_  
Street: \_\_\_\_\_  
Locality: \_\_\_\_\_ Post Code: \_\_\_\_\_

## TAX DETAILS (complete where applicable)

Date of Arrival: \_\_\_\_\_  
Purpose of Registration:  Employment  Settler (retired)  
 Marriage to Maltese  Returned Migrant  
Other \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

## SPOUSE DETAILS (applicable only if spouse is resident in Malta)

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Maiden Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
I.D./Passport No.: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

## OTHER CONTACT DETAILS (employer or other representative, where applicable)

Name: \_\_\_\_\_  
Address  
Door/House: \_\_\_\_\_  
Street: \_\_\_\_\_  
Locality: \_\_\_\_\_ Post Code: \_\_\_\_\_

I hereby undertake to inform the Inland Revenue Department should there be any significant changes regarding information in this form

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