



Jobsplus

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DEDUCTION (MATURE WORKERS) RULES

APPLICATION FORM

(L.N. 180 / 2014)

For further information please download the Deduction (Mature Workers) Rules Guidelines from www.jobsplus.gov.mt

Applications should be submitted by not later than the 10th January of the year following that in which the employment has occurred Applications are to be sent by e-mail to: matureworkerscheme.jobsplus@gov.mt or by post to: Mature Workers Scheme, Jobsplus, Hal-Far, BBG 3000.

For Office Use Only:	
Application Number	
Name of Employer	
Approved / Not Approved	

Employer Details

Company Name	
Company Address	
Locality & Post Code	
Contact Numbers	
Email	
PE Number	
VAT Number	
Income Tax Number	
ROC Number (in case of companies)	
Business Activity	
Total Number of Employees	

I, the undersigned, do hereby declare that the information submitted in this application is correct.

I also confirm that I / my company do/es not benefit from any deduction, tax credit, or any other form of assistance in relation to this employment by the Government or any Government Entity.

The undersigned grants authorisation to the Jobsplus, as the administrator of the scheme, to process the data contained in this form for the purpose stated below, and to disclose to the Commissioner for Revenue or his/her representative any information, documentation and records which the Jobsplus may have obtained in connection with this application.

Name in Full	
ID Number	
Designation	
Signature	
Date	

Any personal information collected in this form will be used for establishing the deduction which may be granted to the applicant. All information is processed in accordance with the Data Protection Act (Cap 440 of the Laws of Malta) and shall be treated in confidence. The information contained in this application form will be processed by the Jobsplus and may be forwarded to third parties, appointed by the Jobsplus to administer, implement, monitor or audit any part of this scheme.

Employee Details

Name and Surname	
I D Card Number	
Income Tax Number	
Date of Birth	
Address	
Occupation	
Date of Employment	

Training to be given (If any)

Training to be Given	
Duration	
Provider	
Place of Training	
Commencement Date	
Cost of Training	