



**Health Care Standards Directorate**  
**Superintendence of Public Health**

Ministry for Health

**[HCS Applicant User Manual – Online payment]**

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**PLEASE NOTE THAT LOGIN MUST BE THROUGH E ID**



Log in : <https://hcstandardsregistration.gov.mt/>

### 1. Payment Procedure:

<https://hcstandardsregistration.gov.mt/MainScreen/Main>

After login, on Applicant Main Screen, “Applications” tab is displayed.

Passport: 087777      Name: Dr. Fox Ivana      [Update your personal details](#)  
 Email: ivanzanatasu@gmail.com      Telephone: ()      Mobile: (0033) 5465546  
 Gender: Female      Date of Birth: 20/08/1977      Nationality: ITALY  
 Residential Address: p, Str, Loc, ITALY,  
 Mailing Address: p, Str, Loc, ITALY,  
[Register a new Premise](#)      [Register for a License](#)

Applications (6)    Premises (5)    Payments - Pending(0)

#### Applications

Search:

Submitted Date	Registered Date	Premise	Status
27/11/2020		Inka Tattoo Studio	PENDING VETTING
27/11/2020		PN20Test	CANCELLED
27/11/2020		PN21Test	CANCELLED
27/11/2020		PN22Test	PENDING VETTING
27/11/2020	27/11/2020	PN23Test	APPROVED

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Applicant should select the last tab, “Payments – Pending”, to see payments.

#### Payments


Search:

Date	Description	Amount	Status	
04/01/2019	Application Regsitratio Fee	5.00	PENDING	<a href="#">Pay</a>
04/01/2019	Premise Registration Fee	10.00	PENDING	<a href="#">Pay</a>
04/01/2019	Application Regsitratio Fee	5.00	PENDING	<a href="#">Pay</a>
04/01/2019	Premise Registration Fee	10.00	PENDING	<a href="#">Pay</a>

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Payment that is done has status PAID with date info.

Payment with status PENDING needs to be paid. Applicant can pay amount by clicking on the “Pay”

button . Page with payment details opens:



### Payment

⚠ Please input details requested below and click Continue to submit the transaction. Ensure that the Continue button is clicked only ONCE.

Payment Details

Fields with an '\*' are required.

Card Type \*

Card Number \*

Expiry \*

Card Holder Name \*

E-mail

Total amount that will be charged to your card is €   I have read and accept terms and conditions

Applicant should find and selects his/her card type from “Card Type” drop-down list (e.g. MASTERCARD). In “Card Number” input filed he/she should type his/her card number. Each card has expiry date so Applicant should select month and year from drop-down list. Applicant should also input CVV number. This filed appears as soon as Applicant selects card type. If he/she is not sure where to find CVV number on the card, he/she can click on info icon



Input fields, “Card Holder Name” and “E-mail”, are also required so Applicant needs to fill them too. Applicant can read “Terms and Conditions” by clicking on icon beside text “I have read and accept terms and conditions” and needs to check it.

I have read and accept terms and conditions

Applicant needs to click on “Continue” to submit the transaction.

**NOTE: Applicant can also cancel a payment by clicking on Cancel button.**

If payment was successful following page opens:



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### Payment

⚠ Please input details requested below and click Continue to submit the transaction. Ensure that the Continue button is clicked only ONCE.

### Successful!

🟢 Your payment has been received successfully.

[Click Here](#) to close this page.

Applicant needs to click on “Click Here” button, which opens Applicant main screen.

Contact Details :

✉ [mark.tonna@gov.mt](mailto:mark.tonna@gov.mt) healthstandards.sph@gov.mt



25953343/ 25953330



<https://deputyprimeminister.gov.mt/en/hcs/Pages/health-care-standards.aspx>