



MALTA

Ministry of Health, the Elderly and Community Care

Pharmacy Of Your Choice (POYC) Standing Advisory Committee

Application for Tax Deduction

in terms of Legal Notice 123 of 2012

Name _____

Name of Company or owner of pharmacy

Identification Number _____

Company Number or ID Card Number of Owner

Income Tax Number _____

Partnership Tax Number _____

[where applicable]

Name of Pharmacy _____

Pharmacy Licence Number _____

Address _____

Town _____ **Post Code** _____

Telephone Number _____ **Fax Number** _____

Email Address _____

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

I also confirm that the cost, on which tax deduction is being claimed, is not recoverable in any way.

The undersigned grants authorization to the Standing Advisory Committee of the Pharmacy of Your Choice Scheme, as administrator of the scheme, to process the data contained in this form for the purpose stated below, and to disclose to the Commissioner of Inland Revenue or his representative any information, documents and records which the Committee may have obtained in connection with this application.

Date _____

Signature _____

Name in full _____

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 POYC Standing Advisory Committee and may be forwarded to third parties appointed by the Standing Advisory Committee to administer, implement, monitor or audit any part of this scheme. You have the right to access, rectify, and where applicable, the right to erase personal data concerning you.

List the costs incurred for expenditure in refurbishment enhancements, purchasing and installing any equipment in a pharmacy outlet for the implementation of the Pharmacy Of Your Choice Scheme being claimed. Kindly attach the copy of each fiscal invoice or VAT receipt (endorsed by Certified Public Accountant/Auditor)

Invoice/Receipt Number	Supplier	Description	Actual Cost Incurred €
Total			

You are hereby reminded that in terms of LN 123 of 2012, the total deduction claimed, equivalent to three hundred per cent (300%) of the cost incurred with respect to each pharmacy outlet, cannot exceed twelve thousand euro (Euros 12,000).

Declaration by a certified public accountant/auditor

I, _____ the undersigned, certified public accountant/auditor declare and certify that the applicant qualifies for deduction in Income Tax as specified by Legal Notice Number 123 of 2012 issued in virtue of the Income Tax Act (CAP. 123) on 16 April 2012

I also declare that the information given in this application form is correct and that the refurbishment enhancements and / or any equipment listed above were truly procured for the purpose of the implementation of the Pharmacy Of Your Choice scheme.

Date _____ Signature _____

Name in full _____

Warrant Number _____

For official use only: DHL _____ POYC NO. _____

Recommended amount for approval € _____

Approved total cost incurred € _____

Chairman, Standing Advisory Committee POYC

President, Malta Chamber of Pharmacists

President, GRTU – Pharmacy Section

Date: _____