

Application no.: _____

EXEMPTION FROM PAYMENT OF THE VEHICLE REGISTRATION TAX APPLICATION

Applicant Personal Details

(Please use BLOCK letters and use blue ink)

The aim of this scheme is to provide support and financial assistance to persons with disability and their families to acquire a means of transportation suitable for their needs.

The Minister for Finance and Employment, on Aġenzija Sapport's recommendation, issues an exemption (full or part) on the Registration Tax on the below vehicles.

Name				Surname			
ID Card N°				EU Disability Card			
Male		Female		Date of birth			
Telephone N°				Mobile N°			
Text Tel N°				E-mail			
Address							
Town				Post Code			

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MEDICAL CERTIFICATE - EXEMPTION FROM PAYMENT OF THE VEHICLE REGISTRATION TAX APPLICATION
(To be submitted by the doctor of the person with disability)

Applicant's name and surname:		Applicant's ID card N°:	
Type of impairment (Tick where applicable)		Services required (Tick where applicable)	
Physical		Exemption from payment of the Car Registration Tax	
Intellectual			
Impaired vision		Exemption from payment of the Car License	
Psychological			
Impaired hearing			
<p>Please give a clear and accurate diagnosis and how this is affecting the person in question. The more detailed the information given, the faster this application can be processed.</p>			

The disability started:	<input type="checkbox"/> at birth <input type="checkbox"/> when the person was ____ years old		
Applicant can sign on own behalf	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the applicant have a permanent mobility problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Doctor's signature		Date	
Registration N°		Official stamp	

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EXEMPTION FROM PAYMENT OF THE CAR REGISTRATION TAX APPLICATION FORM

Please fill in the following details:

1. The applicant requires a (Tick ✓ where applicable):

- ☐ Standard / Manual car
- ☐ Car with modifications
- ☐ Automatic car
- ☐ Wheelchair accessible vehicle

2. Have you received an exemption on another car?

- ☐ Yes ☐ No

If **YES**, what is the registration number of that car: _____

3. Do you have a driving license?

- ☐ Yes ☐ No

4. Age of the person with disability: _____ years

List of documents required with this application form:

- Photocopy of the EU Disability Card
- A photocopy of your Driving License

NOTES:

- It is important that the vehicle is **NOT** purchased and registered in Malta before passing through the whole process and a letter of Approval from the Ministry of Finance and Employment is issued. Also, the vehicle that will eventually be purchased must not have an active Maltese registration.
- If the vehicle is registered before or during the processing phase, then the application will be closed. This would also mean that the applicant can only apply for the Road License Exemption on registered vehicle.
- If the application is for a modified vehicle, the vehicle may be inspected by an appropriate Official.
- Some applicants who qualify for this exemption also qualify for an exemption (part or full) from the Road License. If you do qualify, there is no need to send further information and/or fill in the other application.
- Vehicles registered in Malta from 1st January 2009, will not qualify for Free Road License if the Co2 emissions are high (i.e. more than 150g/km for diesel engines and more than 180g/km for petrol engines). It is the applicant's responsibility to check the vehicle's emission level on the logbook.
- To continue processing your application, Aġenzija Sapport needs to pass on your details to the Ministry for Finance and Employment, Transport Malta, and the VAT Department.

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Signature of applicant		Signature of guardian/carer/relative*	
Name & surname of guardian/carer/relative		Your relation with the client	
Date of signature			

* Signed by the parent or guardian of the person with disability only in cases where:

- the person with disability is under 18 years of age
- the person with disability cannot sign on his/her behalf because of the nature of the disability

The below is to be filled in **ONLY** by those applying for Registration Tax Exemption on the purchase of *Wheelchair Accessible Vehicle* or *Standard/Manual Vehicle with Modifications* or *Automatic Vehicle with Modifications*.

Payments:

I authorise that payment is made as follows:

[illegible]

By submitting this application, I authorise the Commissioner for Revenue to settle payments of claim for reimbursement by direct credit method. Also, I declare that the details and information provided in this application are correct.

Name of applicant in full

Signature

Date

Telephone number

This application form is also available in Maltese.

For information, please contact Agenzija Sapport on the number 2256 8000.

For more information, an email can also be sent on schemes.sappot@gov.mt.

Once the application form is filled in, one can:

- **Send it by post to Aġenzija Sapport at the address Patri Ġwann Azzopardi Street, Santa Venera SVR1614**
- **Or submit via an online application from the Agency's website www.sapport.gov.mt**