



# Inland Revenue Department - Malta

# FB2

## FRINGE BENEFITS APPLICATION FOR A REDUCED RATE FOR POINT TO POINT SERVICE OR DELIVERY

EMPLOYER DETAILS						ADDRESS	
EMPLOYER NO:						HOUSE/NO	
EMPLOYER NAME:						STREET	
						LOCALITY	
						TELEPHONE NUMBER	

CAR MODEL	YEAR OF REGISTRATION	CAR VALUE	NAME OF BENEFICIARY	I.D. CAR OR I.T. NUMBER	GRADE OR DESIGNATION	ADDRESS OF BENEFICIARY	NATURE OF SERVICE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Commissioner of Inland Revenue

Approval is requested to reduce the Fringe Benefit Personal Use Value to 0% in respect of the employees whose details are shown above. It is certified that the above information is correct and complete.

NAME	SIGNATURE	DESIGNATION	DATE

FOR OFFICIAL USE ONLY APPROVAL NO

Approval is granted to reduce the said rate to 0% to all above employees/to employees in line number

NAME	SIGNATURE	DATE