

DEPARTMENT OF SOCIAL SECURITY 38, Ordnance Street Valletta VLT 1021

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Application for a certificate of continuing Maltese liability: Certificate A1 for self-employed persons going to work in another EU/EEA country

We are sending you this form as your application for a certificate of continuing Maltese Social liability.

This form must be **fully** completed by a self-employed person when they:

- Are going to work in another EEA country (i.e., EU, Norway, Iceland, Liechtenstein and Switzerland)
- Wish to apply for certificate A1, to confirm continuing liability to Maltese social security

Please read the following information before completing the form.

Article 14 of EC Regulation 987/2009 provides that certificates of continuing liability (forms A1) can be issued only where the following conditions are satisfied:

- The person has been self-employed in Malta before going to work in another member state, which is taken as meaning the person "who habitually carries out substantial activities in the territory of the Member State in which he is established before" and "must have already pursed his activity for some time"
- The person must pursue a similar activity when going to another member state
 "is similar to the self-employed activity normally pursued shall be that of the actual nature of the activity"
- While working abroad the self-employed person must "continue to fulfil in the Member State where he is established, the requirements for the pursuit of his activity in order to be able to pursue it on his return". To this end he must maintain the infrastructure he needs to pursue his activities in the state where he is established in accordance with the legal provisions in force in that state, such as having the use of office space, paying social security contributions, paying taxes, maintaining an appropriate professional registration and a VAT number.

If you think you fully satisfy these conditions please complete the application form on the following pages:

IRU002

Part A – Your details:			
Social security number:			
Surname:			
Previous names, if applicable:			
First forename:			
Other forename(s):			
Date of birth:	/		
Home address in Malta			
Telephone numbers:			
E-mail:			
Nationality:			
If you are a non-EEA national, are Please give details:	e you legally resident in Malta?	Yes	No 🗌

Part B

About your self-employment in Malta Your business name: Your business address: Telephone: E-mail: Is your business address different from your home address? If yes, please write down the business address. The nature of your business: Have you registered as self employed with the Department of Social Security? Yes \square No \square If YES please give details: When did your self-employment first start? ____/___/ Has your self-employment been continuous since you first started? Yes If you answer NO to the previous question please give details of all self-employment: Are you registered for VAT? Yes No 🗌 If so please give your VAT registration number: Are you registered with any professional body in Malta? No \square Yes If yes please give details:

Part C

About your self-employment abroad On what date is the work in the other country due to start? ____/___/ No 🗌 Do you have a contract for this work which can be produced? Yes \square If NO please give full details of the work you are expecting to undertake: How long is the work in the other country expected to last? ____/___ to ____/___ In which country will you be working? Full address at which you will be working: What type of work will you be undertaking? e.g. IT, Construction, Leisure, etc Have you previously obtained an A1 form as a self-employed person? Yes \(\square\) No \(\square\) If YES please give details: While working abroad will you maintain your business premises in Malta, as shown above? Yes No \square

Part D - Declaration

I declare that the information given on this form is correct and I will inform the Department of Social Security of any changes.

Signature:	
Date:	

DECLARATION: Data Protection Act

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowances or non-contributory pensions in accordance with article 133 (b) of the Social Security Act (Cap 318). The Department may verify the information submitted by you to ensure its accuracy in relation to your claim. The employees within this Department will access this information to process your claim. You will be informed in due course of the result of your claim after it has been assessed.

The Department of Social Security treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase, incorrect information, having regard to the claim for which you applied. Such request is to be addressed to: "The Data Controller" at the above mentioned address and appropriate action would be taken at the earliest possible time. In such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.