**Declaration that applicant is not bankrupt**

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Applicant’s details

**Company/Partnership Number**

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**Company/Partnership Name**

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**VAT Number (if applicable)**

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**Registered Address**

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**Email**

Administrator’s Name & Surname

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ID Card Number

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**Mobile**

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 **Landline (Optional)**

**Date**

I, the undersigned, as Administrator duly authorised to act on behalf of

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, by the Board Resolution forming part of this application, hereby declare that

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, or any of its Directors have never been adjudged bankrupt or insolvent by, or filed an application for insolvency before any competent Court in Malta or elsewhere, and **that neither**

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**, or any of its Directors do not have proceedings in Court that can drastically change their financial standing.**

I understand that criminal action may be taken against any person should the declaration submitted be found to be false, misleading, incomplete or incorrect, including false signatures, declarations or concealment of material facts.

Provided that the Authority may request additional documentation and/or information.

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**Signature**