

# FEES PAID FOR CULTURAL AND CREATIVE COURSES

KINDLY FILL IN BLOCK LETTERS ALL DETAILS REQUESTED IN THE APPLICATION FORM

## Details of Person Paying the Fees

Name	_____	Surname	_____
I.D. Number	_____		
Address	_____ _____		
Contact /Mobile No	_____	E-mail	_____

## Details of Participant (under 16 years of age)

Name	_____
Surname	_____
Date of Birth	_____

## Details of the Entity / Individual Providing the Course

Name	_____
Income Tax Number	_____
SLC Number	_____
Course Description	_____

## Fees paid (Amount should cover a yearly period that is from January to December)

Year in which the fees were paid	_____
Total Amount (Covering January – December)	_____

I confirm that the information in this document is, to the best of my knowledge, true and correct.  
(Signed by the person or official from the entity providing the course)

\_\_\_\_\_  
Name and Surname

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

This document should be:

1. Sent to the Arts Council Malta by e-mail on [taxdoc@artscouncilmalta.org](mailto:taxdoc@artscouncilmalta.org) or by post addressed "Culture & Creative Courses, Arts Council Malta, 16, Casa Scaglia, Mikiel Anton Vassalli Street, Valletta VLT 1311".
2. A copy of this document should be retained by the person paying the fees should this be needed as documentary proof of the fees paid.