



DEPARTMENT OF VALUE ADDED TAX
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 Website: http://www.vat.gov.mt

**Recapitulative Statement of
 Intra-Community Supplies in
 terms of Article 30(3) of the
 Value Added Tax Act of 1998**

From:

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 To:

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Calendar Quarter:

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Before you fill this form please read the relative Notes

VAT IDENTIFICATION NUMBER:

DUE DATE:

Country Code	Customer's VAT Identification Number	Total Value of Supplies in Maltese Liri (Lm)	Indicator	Correction Q Year
	Name of your customer No. 1			
	Name of your customer No. 2			
	Name of your customer No. 3			
	Name of your customer No. 4			
	Name of your customer No. 5			
	Name of your customer No. 6			
	Name of your customer No. 7			
	Name of your customer No. 8			
	Name of your customer No. 9			
	Name of your customer No. 10			

Total Number of Completed PAGES	Total Number of Completed LINES	Total Value of THIS Page	Total Value of ALL Pages	Total of lines completed on this PAGE
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DECLARATION

I, _____ I. D Card Number: _____

declare that all the entered details and information are correct and complete.

Signature: _____ Designation: _____ Date: _____

Contact Person: _____ Telephone No: _____