



**APPLICATION FOR THE GRANTING, RENEWAL OF AN
AUTHORISATION TO CARRY OUT THE ACTIVITY OF AN
IMPORTER (INCLUDING WHOLESALER) OF PETROLEUM**

Malta Resources Authority
Millennia
Triq Aldo Moro
Marsa, MRS 9065
MALTA

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Fax.: +356 2295 5200
Email: enquiry@mra.org.mt
www.mra.org.mt

Granting <input type="checkbox"/>	Renewal <input type="checkbox"/>	Transfer <input type="checkbox"/>
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A. Applicant's details

<i>To be filled if application is made on behalf of a company</i>			
Name of Company:			
Company Registration No:	VAT No:	Customs Registration No:	
Type of Company:			
<input type="checkbox"/> LTD	<input type="checkbox"/> PLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government
<input type="checkbox"/> Other (Specify)			
Is company part of a Holding? NO <input type="checkbox"/> YES <input type="checkbox"/> (Specify)			
Details of Company Representative			
Title:		Full Name:	
I.D. No./Passport No.:		Position Held:	
Contact Address:			
Tel. No.:	Mobile No.:	Fax No.:	E-mail Address:
<i>Details of Authorised Representative on matters related to this application. This section is to be filled if details are different from those in Section A. For companies not registered in Malta this section is to be filled by an Authorised Local Representative.</i>			
Title:		Full Name:	
I.D. No.		Position Held:	
Contact Address:			
Tel. No.:	Mobile No.:	Fax No.:	E-mail Address:

To be filled if application is made by an individual

Title:	Full Name:		
I.D. No./Passport No.:	VAT No:		
Contact Address:			
Tel. No.:	Mobile No.:	Fax No.:	E-mail Address:

B. Licensing history of applicant

Has the applicant or any of its shareholders / promoters or affiliates been authorised by the MRA? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Applicant's Name	Activity	Authorisation No	Still Active
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

C. Activities to be engaged in by applicant

Indicate the commercial activities that are to be engaged in.	<input type="checkbox"/> Importation & Wholesale	<input type="checkbox"/> Blending		
Indicate the type/s of petroleum that will be handled.				
<input type="checkbox"/> LRP	<input type="checkbox"/> Unleaded Petrol	<input type="checkbox"/> Diesel (EN 590)	<input type="checkbox"/> Gas Oil	<input type="checkbox"/> LPG
<input type="checkbox"/> Jet A1	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Light Heating Oil	<input type="checkbox"/> Other (specify) _____	

D. Business Details of Applicant

Give the name(s) and private address(es) of each of the legal representatives (current directors or any other officers, company secretary, partners or members of the committee of management). Identify, as applicable, the chairman, chief executive, managing director, finance director, and any other director with specific duties.

Full Name	ID No/Passport No	Address	Position

E. Regulatory Approval/Actions

Has the applicant or any of its shareholders / promoters or directors been found guilty or convicted or been subject to any form of enforcement action by any regulatory authority or convicted of a criminal offence in the past 5 years or are any charges now pending?
If yes please provide full particulars in a separate, signed and dated statement YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the applicant or any of its shareholders / promoters or directors ever had an authorisation or permit or other form of registration of any kind refused, suspended, revoked or cancelled by any regulatory authority?
If yes please provide full particulars in a separate, signed and dated statement YES <input type="checkbox"/> NO <input type="checkbox"/>
List any trading and company names (state which and when used) used by the applicant or any of its shareholders / promoters or directors within the last five years. <i>(Attach separate sheet if necessary)</i>
List any trading name, which the applicant uses or proposed to use if different from the name given under Section A.

F. Declaration by Applicant

I _____ of _____ hereby declare that:
This entire application form, all statements, attachments and the other information submitted in connection with this application for a authorisation to carry out the activity of a wholesaler and/or importer of petroleum are true and correct in all respects to the best of my knowledge and belief and that this declaration is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a authorisation by the Malta Resources Authority.
I understand that the Malta Resources Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information provided in / with this application. I authorise the Malta Resources Authority to conduct such investigation. I hereby authorise any person or entity contacted by the Authority to provide any information as may be reasonably requested by the Authority in connection with this application.
Name in Full: _____ Signature: _____ Date: _____
I.D. No./Passport No.: _____ Position Held: _____

G. Documents to be included with application

Please justify if any of these documents is not submitted

1. Certified copies of updated Memorandum and Articles of association of company or deed of partnership or other deed or authenticated agreement establishing the corporate body.
2. A certified copy of the registration certificate.
3. Certificate of good standing issued by the Registry of Companies.
4. Police conduct certificates for directors.
5. Full particulars in a separate, signed and dated statement of any convictions or enforcement actions undertaken by a regulatory authority in last 5 years or any pending charges, as requested in Section E of this application. NIL certification is also required.
6. Full particulars in a separate, signed and dated statement of any refusal, suspension, revocation, invalidation or cancellation of any authorisation or permit or other form of registration by any regulatory authority, in any country either to the applicant or any of its shareholders /promoters. NIL certification is also required.
7. Copies of audited and regulatory accounts for the last three years (if available).
8. Description of the group of companies, if applicable, of the applicant.
9. Disclosure on every shareholder of the applicant holding at least 10% of shares in the applicant. (Memo & Articles, certificate of registration, good standing certificate, last audited accounts, banking reference – in case of corporate shareholders; police conduct certificate, copy of passport, banking reference – in case of individual shareholders).
10. List of countries and territories where, within the last five years, the prospective licensee/parent companies have been operating, copies of authorisations, if available.
11. Business plan for 3 years with financial projections and sufficient description of the proposed operations.
12. Nomination of Authorised Local Representative (and disclosure of same as in 9 above).

Send completed application and all attachments to:

**Chairman
Malta Resources Authority
Millennia
Aldo Moro Road
Marsa MRS 9065
Malta**

In the compilation of the above documents, the applicant is to ensure that the criteria listed in regulation 13 of LN278/2007 (Conditions relating to granting and renewal of Authorisations) are addressed.

The Malta Resources Authority will issue an authorisation to the applicant upon a full and correct submittal of this application and where compliance with the criteria in Regulation 13 (if applicable) exists.

Note – Data Protection Notice

All personal data submitted to the Authority shall be used only in relation to the processing of this application. The information shall not be in whole or in part, transmitted to third parties except in those cases where it is required to do so by law.