

**EXEMPTION FOR MEDICAL DOCTORS PRACTICING IN VALLETTA**  
APPLICATION FORM (A4)

**A – PERSONAL DETAILS OF APPLICANT**

Name & Surname (Applicant)	
Address:	
ID Card Number	

**B – DETAILS OF VEHICLE TO BE EXEMPTED**

Registration number of vehicle	
Make of vehicle	
Model of vehicle	
Date from which exemption applies (must be at least five days from submission date)	

**C – DECLARATION**

It is hereby declared by the Applicant and by the Medical Association of Malta that the Applicant is a Medical Practitioner that regularly practices in Valletta making use of the above mentioned vehicle during the conduct of his/her profession. The Applicant and the Medical Association of Malta are aware that should they knowingly supply false or incorrect information when filing such an application for exemption, they shall be guilty of an offence and shall be liable to a penalty of up to three hundred Maltese Liri in accordance with Legal Notice 105/2007.

Signature of Applicant	
Signature and Name of Medical Association of Malta Official	
Date of request	

**Conditions of application**

1. Applications are to be mailed or delivered by hand to the Valletta Local Council.
2. Each applicant is entitled for only one exemption.
3. An annual charge of Lm20 shall apply for an exempted vehicle.