



GOVERNMENT  
OF MALTA



## ESF+.01.195 Training for Employment

MySkills Scheme

e: [myskills.jobsplus@gov.mt](mailto:myskills.jobsplus@gov.mt)

t: 153

### PAYMENT DECLARATION FORM

Please complete all sections of this form. Incomplete forms will not be accepted.

#### Section 1 Details of Payee (Training Provider)

Training Provider Name:

Contact Person Name & Surname:

Contact Number:

Email address:

#### Section 2 Details of Payer (Learner/Applicant)

Name & Surname:

ID Card Number:

#### Section 3 Details of Training Course

Course Title / Description of Service Rendered:

Course Start Date:

#### Section 4 Payment Details

Total Course Fee (excluding VAT): €

Payment Amount (excluding VAT): €

Date of Payment (dd/mm/yyyy):

Payment method: ☐ Bank Transfer ☐ Card ☐ Cash

Receipt / System Reference Number:

Balance Outstanding after this payment (excluding VAT): €

#### Section 5 Declaration by Payee (Training Provider)

☐

I, the undersigned, representing the above-named Training Provider (Payee), hereby certify and confirm that the Payer named above has made the payment stated in Section 4 toward the course described in Section 3 of this form. I declare that this form is being completed on the learner's request to serve as a true and accurate substitute document for the original receipt, which was missing specific information required to satisfy the proof of payment requirements set by the *MySkills Scheme* administered by Jobsplus. I understand that the provision of any false or inaccurate information may lead to action against the Training Provider and/or the disqualification of the learner's application.

Name of Authorised  
Representative

Position of Authorised  
Representative

Signature of Authorised  
Representative

Date



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MySkills