



MDIA
Malta Digital Innovation Authority

Service Provider Application Form

Name of Applicant

(Name and surname or company registered name, as applicable)

Type of service being applied for:

(If applying for more than one service, each service application requires an application form)

<input type="checkbox"/>	Systems Auditor
<input type="checkbox"/>	Technical Administrator

In case of personal application, please go to Section 1

In case of corporate application, please go to Section 2

Instructions for completion

- The completed and signed form in original must reach the Malta Digital Innovation Authority (MDIA). For processing purposes, a scanned version of the Application Form and attachments can be initially sent to applications@mdia.gov.mt while the original copy is in post/transit.
- Applicant must sign the form in the space provided and initial every page of the form and attachments.
- All submissions must be in English. Documents provided in other languages must have an English translation attached thereto. The translation should be dated, signed and certified by an independent person of proven competence, confirming the integrity of the translation.
- Use N/A in response to any question which is not applicable.
- Where indicated, provide answers in a separate Appendix to the form. Appendices are to be duly labelled and cross referred to in the corresponding section of the form. If an appendix covers more than one question, answers are to clearly include the corresponding question number. The person legally authorised to represent the applicant and signing this form must initial ALL pages and the appendices.
- The MDIA reserves the right to request additional information. Failure to provide any information when requested by the MDIA may result in the application being delayed or determined based on the information available to the MDIA at the time, which may affect the outcome of the application.
- It is the Service Provider's responsibility to advise the MDIA immediately of any changes to the information provided in the Service Provider Application Form. Failure to do so could result in suspension or revocation of the relevant recognition.
- Any misrepresentation in completing this form may render void the attached Service Provider Application. If any enclosures are not submitted, rationale for non-submission needs to be provided.
- This form shall not be accepted unless all relevant sections have been completed and the required documents have submitted in full. This form contents shall not be edited other than for the purpose of filling in the existing layout and content of the form.
- This form is intended for first time applicants applying as 'Systems Auditor' or/and 'Technical Administrator' or/and 'Enhanced Systems Auditor'. For upgrades from 'Systems Auditor' to 'Enhanced Systems Auditor', fill in the 'Notification to Upgrade to Enhanced Systems Auditor Application Form'.

1. Personal Details

1.1 Name and Surname

1.2 Date of Birth

1.3 Place of birth

1.4 Title (Mr. MS. Dr. etc)

1.5 Profession

1.6 Residential address

1.7 Email Address

1.8 Mobile number

1.9 ID Card number/ Passport number

1.10 List of all countries where you have been issued with a passport

Country	Date of Issue	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.11	Is your country of residence different from you country of domicile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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1.11.1 If yes, please specify

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Personal applicants must complete a Fit and Proper Questionnaire as part of the application process.

In addition, please provide a certified copy of a valid identification document. If identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address. Please refer to Notes in Section 8 for guidance on acceptable certifications and a list of acceptable documents for verification of address.

2. Corporate Details

2.1 Registered name

2.2 Date of Registration/ Establishment

2.3 Country of Registration

2.4 Registered Address

2.5 Operating Address (if different from 2.4)

2.6 Office telephone number

2.7 Email Address

2.8 Main Contact Person

Name and Surname

Mobile Number

<input type="text"/>	<input type="text"/>
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2.9 Director Details

Name and Surname

ID Card / Passport Number

Nationality

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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2.10 Qualifying Shareholders

In a separate Appendix please provide an explanation of the ownership and control structure of the entity, as well as, a corporate structure chart showing the ownership structure to the extent that would be required to determine who the qualifying shareholder is.

A qualifying shareholder is defined as, any shareholder holding more than twenty-five per cent (25%) of the shares or ownership interests in the said legal organisation or who, through provisions of the statute, has special voting or other rights permitting him to exercise effective control over the activities of the legal organization.

Every qualifying shareholder must:

- Complete a Fit and Proper Questionnaire
- Provide a certified copy of a valid identification document. If identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address. Please refer to Notes in Section 8 for guidance on acceptable certifications and a list of acceptable documents for verification of address.

Name and Surname	ID Card/Passport Number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Corporate entities must provide original or certified copies of:

- Memorandum and Articles of Association, or equivalent document
- If directors and shareholders details are not included in the Memorandum and Articles of Association:
 - Directors register, or equivalent document
 - Shareholders register, or equivalent document

3. Administrator

An 'administrator' means an officer or any person who is appointed to carry out representative and fiduciary functions in the control and administration of a legal organisation, and any person who carries out such functions even if under another name, but shall not include a technical administrator or a resident agent under the Innovative Technology Arrangements and Services Act, 2018 or a VFA agent under and Virtual Financial Assets Act, 2018, and the term 'board of administrators' shall be construed accordingly.

3.1	Is an Administrator as defined above being appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3.1.1 If yes, give details in the space provided below.

Name and Surname

ID Card / Passport Number

Nationality

Date of Birth

Residential Address

Administrators must complete a Fit and Proper Questionnaire as part of the application process.

In addition, please provide a certified copy of a valid identification document. If identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address. Please refer to Notes in Section 8 for guidance on acceptable certifications and a list of acceptable documents for verification of address.

4. Enhanced Systems Auditors

Are you registering to become an Enhanced Systems Auditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, in order to be recognised as a potential Enhanced Systems Auditor, applicants must provide documentation that confirms the following:

	Yes	N/A	Appendix Ref No.
The Systems Auditors is part of a legal organisation; <ul style="list-style-type: none"> i. which employs at least 100 persons; and ii. with an annual revenue of at least €5,000,000 at least once over the previous three (3) years. 	<input type="checkbox"/>	<input type="checkbox"/>	
The Subject Matter Experts have suitable aggregate experience in Innovative Technology Arrangements: <ul style="list-style-type: none"> i. in the fields that would be subject to audit not less than four (4) years gathered during the last three (3) years. ii. at least one SME must have gathered not less than two (2) years experience in the domain over the last four (4) years. Such experience must be corroborated with references of past engagements carried out with established and reputable entities as may be deemed fit by the Authority. Should this involve a change in the Subject Matter Experts already present in application, fill in the application 'Change in Subject Matter Expert Form'.	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Indemnity Insurance (PII) policy for an amount of not less than €5,000,000 of cover.	<input type="checkbox"/>	<input type="checkbox"/>	

Note that when an applicant is registering as an 'Enhanced Systems Auditor' there are no additional fees other than those applicable for a 'Systems Auditor' as per [Legal Notice 355 of 2018](#).

5. Provision of Services

5.1 How do you intend to carry out the services you are applying for:

a)	Personally	<input type="checkbox"/>
b)	Through the resources of the organisation	<input type="checkbox"/>
c)	Through outsourced resources	<input type="checkbox"/>
d)	Through technology systems	<input type="checkbox"/>

5.1.1 If submitting an application for a Systems Auditor, in a separate Appendix indicate the Subject Matter Experts. For each Subject Matter Expert indicate:

- Name and surname
- ID Card / Passport Number
- Whether individual was already vetted by MDIA
- Whether Subject Matter Expert is an employee or sub-contracted
- The areas for which Subject Matter Expert is being engaged

Each Subject Matter Expert must complete a Fit and Proper Questionnaire as part of the application process.

In addition, please provide a certified copy of a valid identification document. If the identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address. Please refer to Notes in Section 10 for guidance on acceptable certifications and a list of acceptable documents for verification of address.

5.1.2 If submitting an application for a Technical Administrator and indicated option 'c' to question 5.1, in a separate Appendix provide the following details for every outsourced function:

- Description of the function being outsourced
- Name of outsourcing provider
- Nationality /Country of Registration
- ID Ref. No. / Company Reg. No.

In addition, please provide evidence of outsourcing arrangement.

Details provided in Appendix _____.

5.2 Continuation of services:

If you are applying for a Technical Administrator Recognition as an individual and indicated option 'a' to question 5.1, in a separate Appendix, provide details of how provision of services shall be ensured during unavailability of the individual.

Alternative arrangements must clearly indicate a named and recognized Technical Administrator. In addition, a certified copy of the contractual arrangement in place with the indicated Technical Administrator must be provided to the MDIA.

Details provided in Appendix _____.

6. Resident Agent

6.1	Will you be appointing a Resident agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.1.1 If you answered Yes to Question 5.1 and is a personal applicant provide the details below:

Personal Applicant

Name and Surname

ID Card / Passport Number

Nationality

Date of Birth

Residential Address

Appointed Resident Agent needs to:

- Complete a Fit and Proper Questionnaire
- Provide a certified copy of a valid identification document. If identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address. Please refer to Notes in Section 8 for guidance on acceptable certifications and a list of acceptable documents for verification of address.

Acceptance by Resident Agent

I confirm to the Malta Digital Innovation Authority, my acceptance to act as a Resident Agent in terms of Article 15 of the Innovative Technology Arrangements and Services Act, for the ITA in respect of which this application is being submitted.

Signed: _____

Name: _____

Date: _____

Corporate Applicant

- 6.1.2 If you answered Yes to Question 5.1, the proposed Resident Agent is a legal organisation, with reference to Resident Agent Guidelines, Chapter 4, Section 2.2, provide, on a separate sheet the details below:

Name of Legal Organisation

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- Corporate Details
- The details below of the Board of Directors; Board Secretary or Administrator; Senior Officers; Qualifying Shareholders:
 - Name and Surname
 - ID Number / Passport Number
 - Residential Address
- A Board Resolution confirming to MDIA to act as a Resident Agent in terms of Article 15 of the Innovative Technology Arrangements and Services Act, for the ITA in respect of which this application is being submitted.

From the personnel mentioned above the Board of Secretary or Administrator; and the Qualifying Shareholders need to:

- Complete a Fit and Proper Questionnaire
- Provide a certified copy of a valid identification document. If identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address. Please refer to Notes in Section 8 for guidance on acceptable certifications and a list of acceptable documents for verification of address.

Acceptance by Resident Agent

I confirm to the Malta Digital Innovation Authority, my acceptance to act as a Resident Agent in terms of Article 15 of the Innovative Technology Arrangements and Services Act, for the ITA in respect of which this application is being submitted.

Signed: _____

Name: _____

Date: _____

7. Initial Processing Fee

The Initial Processing Fee is due to the MDIA concurrently with the submission of the completed Application Form referring to the following payment details.

Name: Malta Digital Innovation Authority

Bank: Bank of Valletta

Account No.: 40025428465

Reference: Name of applicant + Type of application i.e. Technical Administrator / Systems Auditor Initial Processing Fee

Date payment effected	Remitting Bank	Amount*
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Amount paid:	
Systems Auditor Initial Processing Fee (up to 5 Subject Matter Experts) - €7,500	<input type="checkbox"/>
€500 x _____ (for every Subject Matter Expert in excess of 5)	<input type="checkbox"/>
Technical Administrator Initial Processing Fee - €5,000	<input type="checkbox"/>
Appointment of Resident Agent - €250	<input type="checkbox"/>

Refer to [Legal Notice 355 / 2018](#), for all applicable fees with regards to the Application and Registration fees.

8. Declarations

I, _____ holder of Identity Card/ Passport Number _____

and residing at _____

declare that I have personally completed this 'Service Provider Application Form' to which this Declaration is appended and that I also declare that I am duly authorised to represent the applicant.

I hereby certify that all the information provided and all the statements contained in and attached to this Application Form are correct, accurate, complete and true to the best of my knowledge, information and belief, and that there are no other facts relevant to this Application Form of which the Malta Digital Innovation Authority (MDIA) should be made aware.

I confirm that I understand that knowingly or recklessly making a false statement to the MDIA may be tantamount to a criminal offence. I understand that misinterpretation or failure to submit any information requested by the MDIA shall be deemed as good and sufficient cause for a refusal to issue the Recognition being applied for or an eventual revocation if such misinterpretation or failure is discovered at a later stage.

I undertake that should the information provided in relation to this Application Form cease to be correct, or if there are any changes in the information provided in the Application Form, I shall advise the MDIA immediately thereof. I understand that failure to do so could result in any Recognition issued being reviewed and possibly suspended or revoked.

I hereby declare that there is no other information which the MDIA should be made aware of and I have not withheld or misinterpreted any material facts.

The Malta Digital Innovation Authority (MDIA) is a data controller under the terms of the Data Protection Act. (Cap. 586 of the Laws of Malta). I understand that the information provided on this form or attached herewith will be processed for the purposes necessary for the MDIA to carry out its functions and meet its legal obligations.

I understand that the data may be shared with third parties who fulfil a service on behalf of and under the express instruction of the MDIA and other bodies where it is necessary to do so in order to carry out the MDIA's functions and where the MDIA is legally required or permitted to do so.

I understand that any material or information which I provide to the MDIA will be treated as confidential and will only be disclosed to others where it is necessary to do so in order to carry out the MDIA's functions or where the MDIA is required by law to disclose the information.

I understand that the Authority may carry out quality reviews of registered Systems Auditors and in the process require access to documentation from the Systems Auditor including documentation supporting the Systems Audit process and related quality procedures.

By signing this declaration, I am agreeing to all of the above statements.

Signed: _____
for and on behalf of Applicant

Name: _____

Position: _____

Date: _____

Service Provider Application Form

Initials _____

9. Notes

9.1 Certification of Documents

Where documents are to be certified as true copies, certification must be carried out by an independent natural person authorised to do so under the laws of an EU/EEA jurisdiction or other jurisdiction approved by the MDIA, such as a legal professional, accountancy professional or a notary. The certifier must make a written statement in the English Language confirming that:

- the document is a true copy of the original document;
- the document has been seen and verified by the certifier; and
- the photo is a true likeness of the individual, where applicable.

Furthermore, the certifier must sign and date the copy document (indicating his name clearly beneath the signature) and clearly indicate his profession, designation or capacity on it and provide his contact details.

If the document is composed of more than one page the certifier can either:

- a. Certify each page individually; or
- b. Certify the top of the first page and add a statement detailing the number of pages of the original documentation seen.

9.2 Proof of residential address

For verification of the residential address, any one of the following documents can be used. Provided that, the residential address and the full name of the individual are referred to in a clear and unequivocal manner in the document itself. Documents provided must not be older than 6 months.

- a recent statement or reference letter issued by a recognised credit institution;
- a recent utility bill in relation to services linked to that residential property;
- correspondence from a central or local government authority, department or agency; or
- an official conduct certificate.

10. Subject Matter Experts

10.1 Aggregate Qualifications and Experience Criteria (as per Systems Auditor Guidelines, Chapter 01, Part A, Sections 3 and 6)

<i>SME Initials</i>	e.g. AB				
Qualification in ICT and/or Information Security at MQF Level 6 or higher.	<input type="checkbox"/>				
Certification in IT Audit; or IT Risk or Security Management (such as CISA or similar).	<input type="checkbox"/>				
Experience in carrying out audits and reporting based on audit established standards (such as ISAE 3000).	<input type="checkbox"/>				
Suitable post qualification experience by having worked within the fields of IT audits; or development or implementation of enterprise-grade applications; or Information Security; for not less than three (3) years during the last (7) years, or five (5) years during the last ten (10) years.	<input type="checkbox"/>				
Suitable experience in Innovative Technology Arrangements in the fields that would be subject to audit of not less than two (2) years during the last three (3) years.	Refer to Appendix 10.2				
Certification in information security assessment (e.g. OSCP or SANS/GIAC GPEN Penetration Tester) or accreditation (e.g. CREST).	<input type="checkbox"/>				

10.2 Experience in Innovative Technology Arrangements in the fields that would be subject to audit

Core Expertise	Supportive Evidence	SME Initials
e.g. Ethereum Smart Contracts.	e.g. Working as a developer on a Land Registry project writing and testing smart contracts for the Government of Utopia.	e.g. AB

**10.3 Aggregate meeting to the Control Objectives
(as per Systems Auditor Guidelines, Chapter 01, Part C)**

<i>SME Initials</i>					
<i>Functionality and Compliance with Regulatory Requirements</i>	<input type="checkbox"/>				
<i>System Operations</i>	<input type="checkbox"/>				
<i>Organization and Management</i>	<input type="checkbox"/>				
<i>Communications</i>	<input type="checkbox"/>				
<i>Risk Management and Design and Implementation of Controls</i>	<input type="checkbox"/>				
<i>Monitoring of Controls</i>	<input type="checkbox"/>				
<i>Logical and Physical Access Controls</i>	<input type="checkbox"/>				
<i>Change Management</i>	<input type="checkbox"/>				
<i>Availability</i>	<input type="checkbox"/>				
<i>Processing Integrity</i>	<input type="checkbox"/>				
<i>Confidentiality</i>	<input type="checkbox"/>				
<i>Use, Retention, and Disposal of Personal Data</i>	<input type="checkbox"/>				
<i>Access to Personal Data</i>	<input type="checkbox"/>				
<i>Disclosure and Notification of Personal Data</i>	<input type="checkbox"/>				
<i>Quality of Personal Data</i>	<input type="checkbox"/>				

11. Enclosures

Mark the applicable boxes ensuring completion of application form.

Personal applicants

	Yes	N/A	Appendix Ref No.
• Fit and proper questionnaire	<input type="checkbox"/>		
• Certified copy of identification document	<input type="checkbox"/>		
• Proof of address	<input type="checkbox"/>	<input type="checkbox"/>	

Corporate applicants

	Yes	N/A	Appendix Ref No.
• Explanation of the ownership and control structure of the entity accompanied by a corporate structure chart showing the ownership structure to the extent that would be required to determine who is the Qualifying Shareholder	<input type="checkbox"/>		
• Corporate profile	<input type="checkbox"/>		
• Organisational structure and governance processes (including units in charge of the audit team)	<input type="checkbox"/>		
• Memorandum and Articles of Association, or equivalent document	<input type="checkbox"/>		
• Directors register, or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	
• Shareholders register, or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	
• Certified copies of identification documents of Qualifying Shareholders	<input type="checkbox"/>		
• Proof of address of Qualifying Shareholders	<input type="checkbox"/>	<input type="checkbox"/>	
• Fit and proper questionnaire for all Qualifying Shareholders	<input type="checkbox"/>		

All applicants

	Yes	N/A	Appendix Ref No.
• Proof of appointment of Resident Agent	<input type="checkbox"/>	<input type="checkbox"/>	
• Fit and Proper Questionnaire of Resident Agent	<input type="checkbox"/>	<input type="checkbox"/>	
• Certified copies of identification documents of Resident Agent	<input type="checkbox"/>	<input type="checkbox"/>	
• Proof of address of Resident Agent	<input type="checkbox"/>	<input type="checkbox"/>	
• Fit and Proper Questionnaire of Administrator	<input type="checkbox"/>	<input type="checkbox"/>	
• Certified copy of identification documents of Administrator	<input type="checkbox"/>	<input type="checkbox"/>	
• Proof of address of Administrator	<input type="checkbox"/>	<input type="checkbox"/>	
• Proof of appointment of Subject Matter Experts	<input type="checkbox"/>	<input type="checkbox"/>	
• Fit and Proper Questionnaires of Subject Matter Experts	<input type="checkbox"/>	<input type="checkbox"/>	
• Certified copies of identification documents of Subject Matter Experts	<input type="checkbox"/>	<input type="checkbox"/>	
• Proof of address of Subject Matter Experts	<input type="checkbox"/>	<input type="checkbox"/>	
• If applying for a TA recognition, evidence of outsourcing arrangements	<input type="checkbox"/>	<input type="checkbox"/>	

Systems Auditors

	Yes	N/A	Appendix Ref No.
• Professional Indemnity Insurance (PII) policy	<input type="checkbox"/>		