STRATEGY, POLICY, AND GOVERNANCE

MDIA Technology Assessment Recognition Framework

Assessment Levels 2 and 3 Application Form

F-SPG-014-01 22nd December 2023





General Information

In terms of Clause 3.2 of the TARF Guidelines, Applicants for TARF Assessment Levels 2 and 3 must submit this TARF Application Form.

Please ensure that you have familiarised yourself with and read through all the latest information relating to the MDIA Technology Assessment Recognition Framework (TARF) on the website of the MDIA and the MDIA TARF Guidelines. The definitions found in the MDIA TARF Guidelines apply to this document.

Kindly complete the MDIA TARF Application Form and submit a digital copy to <u>applications@mdia.gov.mt</u> to apply for the MDIA TARF Assessment Levels 2 or 3. Upon receipt of the Application Form, the MDIA shall confirm in writing receipt of the submission and trigger the application process. All Application Forms received shall be processed by the Authority in line with the MDIA TARF Guidelines.

By submitting this Application Form, you acknowledge and agree that the conditions in the MDIA TARF Guidelines and other applicable Guidelines will regulate this application. Please be aware that, since the MDIA is a public authority, information submitted to the MDIA may be subject to disclosure, including but not limited to auditors, contractors, other competent authorities and also under the Freedom of Information Act, Chapter 496 of the Laws of Malta. To help the MDIA deal with any such access requests, we ask that applicants clearly highlight any commercially sensitive aspects of their application in yellow. This does not mean that commercially sensitive information that the Applicant deems to be confidential may not be disclosed by the MDIA if it is legally obliged or authorised to disclose such information.

The MDIA will not accept any liability or responsibility for anything done by it in relation to this application, amongst others (i) any opinions expressed by the MDIA, (ii) the time it may take the MDIA to process the application, or (iii) any refusal by the MDIA; or any other liability whether in contract, tort (including negligence) or otherwise, towards you or any third party. The provisions relating to MDIA's exclusion of liability will extend to this application.

Any administrative fees paid in conjunction with this Application Form will not be refundable.

Please refer to the Privacy Policy of the MDIA and related documentation, including the MDIA Retention Policy, which are accessible from the website of the MDIA.

ISSUE DATE 22/12/2023







1. Assessment Level, IDPS Domains and Control Types

In terms of Clause 2.2 of the TARF Guidelines, there are four (4) Assessment Levels in TARF.

This Application Form is specifically for Assessment Levels 2 and 3.

In terms of Clause 3.2 of the TARF Guidelines, the Applicant must identify the Assessment Level for which Recognition is being sought for the IDPS.

Kindly indicate which type of Assessment Level is being applied for:	
☐ Level 2 - Technology Review¹ ☐ Type 1 ☐ Type 2 Period within which the operating effectiveness review is in scope:	
In terms of the Note found in Clause 7.5 of the TARF Guidelines, the choose to nominate a Technical Expert at Application Stage, rat Application has been processed and accepted. Should the Applicant as such, kindly indicate the nominated Technical Expert:	her than after the
□ Level 3 – ISAE 3000 Reasonable Assurance Engagement ³ □ Type 1 □ Type 2 Period within which the operating effectiveness review is in scope:	

ISSUE DATE 22/12/2023 F-SPG-014 Rev. 1



¹ As further described in Section 7 of the TARF Guidelines.

² This must be a minimum of 6 months but may be adjusted subject to the approval of the MDIA.

³ As further described in Section 8 of the TARF Guidelines.

⁴ This must be a minimum of 6 months but may be adjusted subject to the approval of the MDIA.



In terms of the Note found in Clause 8.5 of the choose to nominate a Systems Auditor as Application has been processed and accept as such, kindly indicate the nominated Systems	t Application Stage, rather than after the ed. Should the Applicant decide to proceed
In terms of Clause 3.2 of the TARF Guideli Domains and Control Types for which recog	-
IDPS Domains	
Control Types	
31	
2. Preliminary Information Is the Applicant already and currently I	-
authority that carries out similar due diliger	ice.
Yes □ No □	
If the Applicant answers 'Yes', please provide	e the following details:
Name of National Competent Authority	
Type of License	<i>f</i>
Date and Term of License	
	7

ISSUE DATE 22/12/2023





Kindly note that as per Note 2 of Clauses 7.2 and 8.2 of the TARF Guidelines, when an Applicant is already licensed by another National Competent Authority or Government of Malta Entity that carries out similar Due Diligence, the MDIA may provide exemptions from pertinent Due Diligence requirements, subject to any confirmation required by the MDIA. In such case, please send your request to the MDIA in writing.

terms of the Applicant:	MDIA TARF	Guidelines, l	kindly provic	le a summary	y of the pro	position of

3. Eligibility Criteria

(a) Details of Applicant

By virtue of Clause 3.1 of the TARF Guidelines, an Applicant refers to an individual and/or legal organisation, that develops, operates, or otherwise has rights to an IDPS.

ISSUE DATE 22/12/2023



If you are an individual, please fill Table (i) below, whilst if you are a legal organisation, please fill Table (ii) below.

Table (i)

Full Name and Surname of the Individual			
Date and place of Birth			
Title			
Profession			
Residential address			
Email address			
Contact number			
Identity Card (ID)/Passport Number/s			
Nationality/ies			
Please, specify under which category of Ap	plicant you	ou fall under:	
Micro-Enterprise⁵ □ Other □			
Please, provide the following documentation	on with thi	nis Application Form:	
Fit and Proper Questionnaire		Appendix A	
Compliance Certificate		Appendix	
/AT Registration Certificate	-/	Appendix	
Refer to the TARF Administrative Fee Guidelines.			
ISSUE DATE			

Twenty20 Business Centre, Triq I-Intornjatur, Zone 3, Central Business District, Birkirkara CBD 3050

+356 2182 8800





Table (ii)

Full Name of Legal Organisation	
Date of registration and establishment	
Country of registration and establishment	
Registered and operating address	
Registration Number (if applicable)	
Email address	
Office Contact number	
Name and Surname of all legal representatives	
ID Card / Passport Number/s of all legal representatives	
Residential address of all legal representatives	
Email address of all legal representatives	
Contact number of all legal representatives	
Name, surname, email address and contact number of main contact person	

ISSUE DATE 22/12/2023



Please, specify under which	ch category of Applicant you fall under	:
Micro-Enterprise ⁶ Other		
Please, provide the followi	ing documentation with this Application	on Form ⁷ :
Fit and Proper Questionnaire or CEO or equivalent roles ar	e of Managing Director or Chairperson nd Qualifying Shareholders	□ Appendix A
	of Association, Certificate of Registration, and Board or Equivalent Documents	□ Appendix
Managing Director/Chairper	the Applicant which clearly indicates the son) or the Chief Executive Officer (CEO) ble for the roll-out and upkeep of the	□ Appendix
representative to sign the Ap by the TARF terms, a declara be provided to the MDIA. Ho	sentative appoints an authorised oplication on their behalf and be bound ition, such as a board resolution, must wever, if the legal representative ssociation or similar documents signs laration is needed.	□ Appendix
Compliance Certificate		□ Appendix
Company Registration Certif	icate	□ Appendix

ISSUE DATE 22/12/2023

F-SPG-014 Rev. 1



⁶ Refer to the TARF Administrative Fee Guidelines.

⁷ As per Note 1 of Clause 7.2 of the TARF Guidelines, when the Applicant is a Government of Malta entity or company with a Government of Malta majority shareholding, it shall only be requested to provide a Board Resolution or a confirmation from a legal representative or a similar document authorising the said entity to submit an Application and to be bound by the terms of the TARF Guidelines and authorising the signatory to sign on its behalf.



(b) Details of Resident Agent

By virtue of Clause 10.2 of the TARF Guidelines, if the Applicant is not habitually resident in Malta, the Applicant is required to appoint a Resident Agent.

In such case, the Resident Agent should completely fill **Appendix B** to this Application Form.

(c) IDPS Blueprint

In terms of Clauses 3.2 and 3.3 of the TARF Guidelines, the Applicant must submit the IDPS Blueprint.

IDPS Blueprint

Appendix C

(d) Administrative Fee

In terms of Clause 3.2 of the TARF Guidelines, the Administrative Fee indicated in the TARF Administrative Fee Guidelines is due, where applicable, 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 Number: 40025428465

Reference: Name of Applicant + Stage 1 (Initial Administrative Fee)

Date of Payment:	
Remitting Bank:	
Amount:	

Any administrative fee paid in conjunction with this Application Form will not be refundable.

ISSUE DATE 22/12/2023







(e) Outsourcing

In terms of Clause 10.3 of the TARF Guidelines, the Applicant may need to outsource some material functions.

Kindly, indicate which material functions that will be outsourced:

4. Applicant Declaration

The Applicant confirms, declares, and accepts that:

- The Applicant read, understood, and is accepting the obligations in relation to participation in the MDIA TARF as defined in the MDIA TARF Guidelines.
- The Applicant certifies that it has provided the MDIA with all the information as requested, that the information provided is complete, truthful, and correct to the best of its knowledge and belief, and that it has re-checked this information. The Applicant undertakes to promptly advise the MDIA of any change to the information provided.
- The Applicant is aware that knowingly or recklessly providing the MDIA information, which is false or misleading, may be actionable through a Court of Law.
- The Applicant shall grant access to the MDIA the report issued by the Technical Expert or Systems Auditor and shall grant the MDIA the facility to engage directly with the Technical Expert or the Systems Auditor for matters of clarification if required.
- The Applicant accepts and agrees with all the terms and conditions included in the documents relating to the MDIA TARF, including but not limited to this Application Form, the MDIA TARF Guidelines and the MDIA TARF Administrative Fee Guidelines.
- The Applicant accepts and agrees that the MDIA may change any terms and conditions from time to time as it deems necessary, and the Applicant accepts and adheres to conform with such updated terms and conditions.
- The Applicant accepts and agrees that the MDIA will process and review the Application Form and other related documentation at its discretion and is not bound by any timelines.
- The Applicant agrees and accepts that the Authority shall have the right to request any other documentation and, or information which it deems fit, and

ISSUE DATE 22/12/2023





the Applicant agrees and accepts to grant such other document and, or information.

Sign the below and add signatures as applicable.

Signature:
Name and Surname:
Date:

ISSUE DATE 22/12/2023





Appendix A

Where applicable, please attach the Fit and Proper Questionnaires according to whether you are an individual or a legal person.

ISSUE DATE 22/12/2023

Rev. 1

F-SPG-014





Appendix B

Kindly fill this Appendix B if a Resident Agent is required.

If the Resident Agent is an individual, please fill Table (i) below, whilst if the Resident Agent is a legal organisation, please fill Table (ii) below.

Table (i)

Full Name and Surname of the Individual		
Date and place of Birth		
Title		
Profession		
Residential address		
Email address		
Contact number		
Identity Card (ID)/Passport Number/s		
Nationality/ies		
Please, provide the following documentation	n with this Applicatior	n Form:
Fit and Proper Questionnaire ⁸	□ Appendix	_
A Certified copy of a valid identification document ⁹	□ Appendix <u> </u>	_

ISSUE DATE 22/12/2023

F-SPG-014 Rev. 1

13

GRAALITY NAME OF THE PROPERTY OF THE PROPERTY

⁸ These documents are not required where the proposed Resident Agent is an authorised Company Service Provider in terms of Chapter 529 of the Laws of Malta. In case that during the period of the Recognition, the person is no longer authorised as such, the Recognition holder is duly bound to inform the MDIA in writing accordingly.

⁹ If the identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address.



Table (ii)

Full Name of Legal Organisation		
Date of registration and establishment		
Country of registration and establishment		
Registered and operating address		
Registration Number (if applicable)		
Email address		
Office Contact number		
Name, surname, email address and contact number of main contact person		
Please, provide the following documentation	on with this Applicat	ion Form:
Fit and Proper Questionnaire of Managing Direct CEO or equivalent roles and Qualifying Sharehol	·	□ Appendix
Memorandum and Articles of Association, Certif Certificate of Incumbency and Board or Equivale	•	□ Appendix
The organisational structure chart of the Applica indicates the Managing Director or Chairperson Executive Officer (CEO) or equivalent roles respo	or the Chief	□ Appendix
out and upkeep of the IDPS within the legal per		

ISSUE DATE 22/12/2023 F-SPG-014 Rev. 1



¹⁰ These documents are not required where the proposed Resident Agent is an authorised Company Service Provider in terms of Chapter 529 of the Laws of Malta. In case that during the period of the Recognition, the person is no longer authorised as such, the Recognition holder is duly bound to inform the MDIA in writing accordingly.



A Certified copy of a valid identification document of Managing Director or Chairperson or CEO or equivalent roles and Qualifying Shareholders ¹¹	□ Appendix
Board Resolution or equivalent documentation confirming to the MDIA to act as a Resident Agent	□ Appendix

ISSUE DATE 22/12/2023 F-SPG-014 Rev. 1



 $^{^{11}}$ If the identification document provided does not indicate the residential address, a certified document must be provided as proof of residential address.



Appendix C

With this Appendix C, please attach the Blueprint mentioned in the Application Form as Appendix C.

ISSUE DATE 22/12/2023

