

Annex 22

For RA use: Irregularity Report No.

**General Programme Solidarity & Management of Migration Flows
IRREGULARITY REPORT**

1.0 GENERAL INFORMATION	
Member State	Malta
Programming Period	2007-2013
Fund	
Annual Programme	
Project Reference No.	
Title of the Project	
Beneficiary	
Case No.	Irregularity Report No.
Date of first information leading to suspicion of irregularity	
Source of first information on the irregularity	
Date when irregularity was detected	
Organisation that detected the irregularity	
Role of organisation that detected the irregularity	

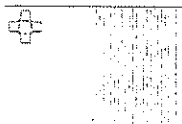
Template Version date: 9th December 2013



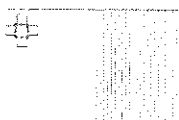
General Programme Solidarity & Management of Migration Flows
Project part-financed by the European Union
External Borders Fund (EBF); European Return Fund (RF); European
Refugee Fund (ERF); European Fund for the Integration of Third Country
Nationals (EIF)
Co-financing rate: 75% EU Funds; 25% Beneficiary Funds



2.0 DESCRIPTION OF THE IRREGULARITY					
2.1 Irregular amount (Public share only)					
2.2 Indicate regulation/decision/procedure that has suffered the infringement	Community Regulation	National Provisions	Manual of Procedures	Governance	Other
2.3 Nature of expenditure <i>e.g. purchase of equipment, employment, training costs</i>					
2.4 Provide a brief description of the practices employed in committing the irregularity					
2.5 Provide a brief description on how the irregularity was quantified					
2.6 Type of Irregularity (only one can be ticked)	Overpayment			<input type="checkbox"/>	
	Non-eligible expenditure			<input type="checkbox"/>	
	Incorrect supporting documents			<input type="checkbox"/>	
	Insufficient / Absence of supporting documents			<input type="checkbox"/>	
	Public Procurement irregularity			<input type="checkbox"/>	
	Administrative error			<input type="checkbox"/>	
	Human error			<input type="checkbox"/>	
	Systemic error			<input type="checkbox"/>	
	Other (please specify)			<input type="checkbox"/>	



2.7 Qualification of the irregularity <i>(in the sense of Reg. 2988/95)</i>	i. Irregularity	<input type="checkbox"/>
	ii. Suspicion of Fraud	<input type="checkbox"/>
	iii. Established Fraud (Only by Court Decision)	<input type="checkbox"/>
2.8 Irregularity detected during	Checks undertaken by stakeholders <i>(including the Beneficiary itself)</i> during implementation <i>(e.g. the payment process)</i>	<input type="checkbox"/>
	Management verifications desk base check	<input type="checkbox"/>
	Management verifications physical on-the-spot check	<input type="checkbox"/>
	Checks carried out during the certification process by the CA	<input type="checkbox"/>
	Audits carried out by the Audit Authority	<input type="checkbox"/>
	Audits carried out by other audit bodies	<input type="checkbox"/>
	Other	<input type="checkbox"/>
2.9 Stage at which Irregularity took place <i>e.g. procurement, payment process</i>	The irregularity was detected prior to payment by Treasury	



3.0 NATURAL AND/OR LEGAL PERSONS INVOLVED IN COMMITTING THE IRREGULARITY <i>(Repeat sections as appropriate)</i>	
Natural Person	
Name	
Address	
Role of the organisation wherein the person functions <i>e.g. Beneficiary, Intermediary Body</i>	
Position held/Function (in case irregularity was committed by a person):	

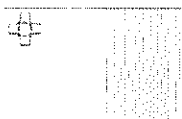
4.0 FINANCIAL DETAILS OF IRREGULARITY				
4.1 See Annex 1				
4.2 Is further expenditure being suspended?	Yes	<input type="checkbox"/>	Amount and why?	
	No	<input type="checkbox"/>	Why?	
	NA	<input type="checkbox"/>	Why?	
4.3 State how the recovery of funds will be/has been done <i>(Note: If the irregularity is related to Technical assistance include VAT with Public Eligible. This must also be reflected in Annex 1)</i>				



5.0 FOLLOW-UP (Refer also to Annex 1)	
<p>5.1 Briefly describe what follow-up actions are required and who is responsible</p> <p><i>(Note: If the irregularity is related to Technical assistance include VAT with Public Eligible. This must also be reflected in Annex 1)</i></p>	

6.0 RECURRENCE	
<p>6.1 Briefly describe the actions and/or measures taken to prevent the recurrence of similar irregularities</p>	

7.0 OTHER	
<p>7.1 Insert any additional observations/comments</p>	



Report submitted by:

NAME IN BLOCK LETTERS

NAME OF ORGANISATION/DEPARTMENT

DESIGNATION

SIGNATURE

DATE

Report received by:

NAME IN BLOCK LETTERS

NAME OF ORGANISATION/DEPARTMENT

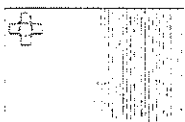
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DATE

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