

Tapering of Benefits

Single Parent Over a period of three years For Single Parents having children under 23 years

Single Parent's Declaration

Signature	Date
Name and Surname	Identity Card Number
the benefit or part of it.	
circumstance to the Director General (Social Security). Failure to do so	o may result in the forfeiture of entitlement for
part of it as stipulated in the Social Security Act (Cap. 318.). I bind	d myself to inform immediately any change in
given is false, I will be penalized as stipulated in the Criminal Code (Ca	ap. 9.) and can also lose the right for benefit, or
I declare that to my knowledge all information given is true, complete	and correct. I understand that if the information

* Indicates mandatory information

Employer's Declaration

I declare that (Name & Surname)		, (ID Card Number)																				
will be employed as from _	_//_	Th	ne wage	paid	will b	e € _			_ pe	er we	eek.											
Bank Account Details	s																					
Benefit is to be deposited in of the Employer / Company	_	Current l	Bank Ad	count	but n	ot in	a Lo	oan A	Acco	unt.	The	indi	cate	ed ac	coui	nt m	nust	be i	n th	e na	ıme	
Bank: *																						
IBAN: *																						
Principal / Company	Details																					
Name of Principal / Compa	ıny: *																					
Address: *	_																					
E-mail:																						
Telephone Number:	_																					
P.E. Number: *	_																					
VAT Number: *																						
I confirm that *	\square the company is a Government entity								\Box is not a Government entity													
and the salary *	☐ is paid by	d by the Government							\sqcup is not paid by the Government													
In the case of a salary not the National Minimum Waq																				ss tl	har	
Declaration I declare that to my knowledge all information given is true, complete and correct. I understand that if the information given is false, I will be penalized as stipulated in the Criminal Code (Cap. 9.) and can also lose the right for benefit, or part of it as stipulated in the Social Security Act (Cap. 318.). I bind myself to inform immediately any change in circumstance to the Director General (Social Security). Failure to do so may result in the forfeiture of entitlement for the benefit or part of it.						r D	Rub	ober :	Stam	р												
Name and Surname (Principo	al / Company Rep	resentative)							Ide	ntity	· Car	d N	umł	 per							-	
Signature										 :e											-	