

Section 1: Details of Person with disability or a person under 18 years of age, who cannot act on their own behalf¹

Identity Card Number: * _____

Name: * _____

Surname: * _____

Section 2: Declaration of the Person to Act as Administrator

I, my details in Section 2 (Details and Declaration of the Person to Act as Administrator) of this application (tick ✓ where applicable):

- Accept to act as an Administrator for the person whose details appear in Section 1 (Details of the Person with Disability or of the Person under Eighteen Years) of this application. I declare that I understand the obligations of this administration
- I authorise the person whose details appear in Section 3 (Details and Declaration of the Person who will Act as an Agent) of this application, to receive the Pension or Benefit on behalf of the person whose details appear in Section 1 (Details of the Person with Disability or of the Person under Eighteen Years) of this application

I hereby bind myself to inform the Department of Social Security of any change in circumstance of the Pensioner / Beneficiary. According to Article 318 (1) of the Social Security Act of 1987. If you fail to report any change in circumstance and found guilty, you may be penalised, jailed or both.

Name and Surname

Identity Card Number

Signature (Administrator)

Date

Section 3: Declaration of the Person who will Act as an Agent

I, details in Section 3 (Details and Declaration of the Person who will Act as an Agent) of this application, accept to act as an agent according to this power of attorney.

I hereby bind myself to inform the Department of Social Security of any change in circumstance of the Pensioner / Beneficiary. According to Article 318 (1) of the Social Security Act of 1987. If you fail to report any change in circumstance and found guilty, you may be penalised, jailed or both.

Name and Surname

Identity Card Number

Signature (Agent)

Date

¹ There is no need to fill in this application if the Court has already appointed an Administrator

Section 4: Witness's Declaration

Those listed here may act as a witness: Priest, Doctor, University Graduate, Parliament Member, Bank Manager, Public Officer grade not less than a Principal or a Police Officer grade not less than an Inspector. (If this application is for a Disability Pension, this section must be filled in by a Doctor or a Specialist).

Identity Card Number: * _____
Name: * _____ Surname: * _____
Profession: _____ Medical Council No _____
(If Applicable)

Contact Details *

Address
House Name / Number: _____ Locality: _____
Street: _____ Post Code: _____
Contact Number: _____ Email: _____

Declaration

I certify that the person whose details appear in Section 1 (Details of the Person with Disability or of the Person under Eighteen Years) of this application, cannot act on his / her own behalf due to: _____

I certify, in my opinion that the person whose details appear in Section 2 and 3 (Details and Declaration of the Person to Act as Administrator and Details and Declaration of the Person who will Act as an Agent) of this application, are of good conduct to act as an Administrator / Agent for the person whose details appear in Section 1 (Details of the Person with Disability or of the Person under Eighteen Years) of this application.

Rubber Stamp

I hereby declare that the authorisation of the pensioner or beneficiary and the agent's obligations were signed/marked in my presence.

Signature

Date