

**Section 1: Pensioner's or Beneficiary's Declaration**

I hereby authorise the person whose details appear on the "Agent's Declaration", to apply for benefits/pensions, and/or to collect money which are my due according to the Social Security Act (Cap. 318).

Identity Card Number: \* \_\_\_\_\_

Name: \* \_\_\_\_\_ Surname: \* \_\_\_\_\_

Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Agent's Declaration**

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.

Identity Card Number: \* \_\_\_\_\_

Name: \* \_\_\_\_\_ Surname: \* \_\_\_\_\_

Signature: \* \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: 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.

Identity Card

Number: \* \_\_\_\_\_

Name: \* \_\_\_\_\_

Surname: \* \_\_\_\_\_

Profession: \_\_\_\_\_

Medical Council No: \_\_\_\_\_  
(If Applicable)

#### Contact Details

Address

House Name /  
Number: \_\_\_\_\_

Locality: \_\_\_\_\_

Street: \_\_\_\_\_

Post Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Rubber Stamp
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Signature: \* \_\_\_\_\_

Date: \_\_\_\_\_