

Declaration

- I/We declare that all information given is to our knowledge true, complete and correct. I/We understand that if the information given is false, I/we will be penalised as stipulated in the Criminal Code and can also lose the right for benefit, or part of it, as stipulated by the Social Security Act (Cap. 318.)
- I/We understand that as stipulated in Article 133 of the Social Security Act (Cap. 318.), the Director may make necessary investigations, and may ask persons and / or entities to provide information so that the benefit will be calculated and determined.
- I/We bind myself/ourselves to inform immediately any change in circumstance to the Director. If the Director is not informed within six months from change of circumstance, entitlement for the benefit or part of may be forfeited.
- I/We understand that if for some reason or another, it is found that I/we was/were not entitled for Supplementary Allowance, I/we will have to refund all payments received.

Name & Surname (Head of Household)

Name & Surname (Spouse / Partner)

Identity Card Number

Identity Card Number

Signature

Signature

Date