

Tapering of Benefits

Over a period of three years For an Employed Person

Employee's 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 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.

Name and Surname

Identity Card Number

Signature

Date

Employer's Declaration

I declare that (Name & Surname),	(ID Card Number), will	
be employed as from / / The wage paid will be \in	per week (cannot be less than the National	
Minimum Wage)		

Bank Account Details

Benefit is to be deposited in a Savings or Current Bank Account but not in a Loan Account. The indicated account must be in the name of the Employer / Company.

Bank: *			
IBAN: *			
Principal / Compar	y Details		
Name of Principal / Com	pany: *		
Address: *		 	
E-mail:			
Telephone Number:			
P.E. Number: *			
VAT Number: *			
I confirm that *	\Box the company is a Government entity	is not a Government entity	
and the salary *	\Box is paid by the Government	\square is not paid by the Governm	ent

In the case of a salary not paid by the Government, the company receives 25% of Social Assistance that was due to the aforementioned person.

Declaration

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Rubber Stamp

Name and Surname (Principal / Company Representative)

Identity Card Number

Date