

Head of Household 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

* Indicates mandatory information

Employer’s Declaration on Spouse / Partner

I declare that (Name & Surname) (ID Card Number)

will be employed as from _ _ / _ _ / _ _ _ _ . The wage paid will be € _____ 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: * [Grid for IBAN entry]

Principal / Company Details

Name of Principal / Company: *

Address: *

E-mail:

Telephone Number:

P.E. Number: *

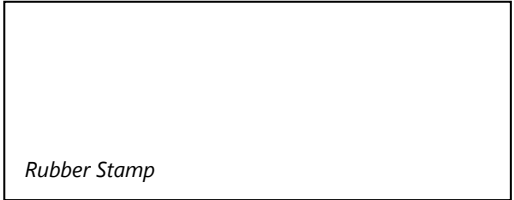
VAT Number: *

I confirm that * the company is a Government entity is not a Government entity and the salary * is paid by the Government is not paid by the Government

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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Name and Surname (Principal / Company Representative)

Identity Card Number

Signature

Date