

Bank Account Deposit Annex

* Indicates mandatory

Beneficiary's Details

Identity Card Number: *

Name: * Surname: *

Bank Account Details

Benefit must be deposited in a Savings or Current Account, but not a Loan Account. The bank account details provided will also be used for all benefits that beneficiary may be currently receiving. **The indicated account must be in the name of the Beneficiary or Administrator, but not in the name of the Agent.**

Bank Name: *

IBAN: *

Enter Mobile Number for an SMS notification regarding payment

Declaration

I declare that all information given is to my knowledge true, complete and correct. I understand that if the information given is false, I will be penalised as stipulated in the Criminal Code (Cap. 9.) and can also lose the right for benefit, or part of it, as stipulated by the Social Security Act (Cap. 318.).

Signature of Beneficiary or Agent / Administrator *

Name and Surname of Agent / Administrator (if applicable)

Identity Card Number of Agent or Administrator (if applicable)

Date _____