

Cheque Redirection Annex

**To be used when a beneficiary is a resident
in a Hospital or Rehabilitation Centre**

38, Ordnance Street, Valletta, VLT 1021
Email: social.security@gov.mt
Website: www.socialsecurity.gov.mt
Freephone 153



** Indicates mandatory information*

I the undersigned,

Identity Card Number: * _____

Name: * _____

Surname: * _____

request that my social security benefit payments made by cheque and any other postal information issued from the Department of Social Security, are sent to the following address:

House Name / Number * _____

Locality * _____

Street * _____

Post Code * _____

Contact Number _____

Email _____

Signature of Pensioner

Date

Witness of Signature (Administrator of Hospital / Rehabilitation Centre or Ward Nursing Officer)

Identity Card Number: * _____

Name: * _____

Surname: * _____

Signature of Witness

Rubber Stamp of Hospital or
Rehabilitation Centre