

## Corroboration

## Details of Person Responsible for Household

Identity Card Number: *	_____	Title: *	_____
Name: *	_____	Surname: *	_____
Contact Number: *	_____	Email:	_____

## Details of Corroborator

Identity Card Number: *	_____	Title: *	_____
Name: *	_____	Surname: *	_____
Contact Number: *	_____	Email:	_____
Address			
House Name / Number: *	_____	Locality: *	_____
Street: *	_____	Post Code: *	_____

## Corroborator

- I/we declare that all information given is to my 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 (Cap. 9.) 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 General (Social Security) 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 of any change in circumstance to the Director General (Social Security). If the Director General (Social Security) is not informed of such change in 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 this benefit, I/we will have to refund all payments received.

\_\_\_\_\_  
Name and Surname of Corroborator

\_\_\_\_\_  
Name and Surname of Person Responsible for Household

\_\_\_\_\_  
Signature of Corroborator

\_\_\_\_\_  
Signature of Person Responsible for Household

\_\_\_\_\_  
Date