

Declaration

- I the undersigned am hereby applying to pay up to a maximum of five (5) years in Social Security Contribution arrears to improve my contribution record.
- I hereby accept that the payment rate due is the current **Class 2, rate SA** as applicable on date of this application.
- I hereby accept that I cannot pay Social Security Contributions for periods in which I did not reside in the Republic of Malta.
- I also accept that the Director General (Social Security) can reject this application when it is established that it does not conform with its required eligibility criteria.
- 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.).

Name and Surname

Identity Card Number

Signature

Date