SOCIAL SECURITY

Declaration for the Appointment of an Administrator

For Pensions and Benefits

** Indicates mandatory information*
^ Indicates either one or the other is mandatory for consecutive fields

Details of Beneficiary with a Disability or Under 18 Years of Age, who require active representation

Identity Card Number: * ______________________________

Name: * ______________________________ Surname: * ______________________________

Declaration by the Person to Act as Administrator

I, the undersigned accept to act as an Administrator for the person whose details appear above. I declare that I understand the obligations of this administration which include:

a. Understand the person's specific needs and preferences.
b. Act in the best interests of the person with a disability or the minor.
c. Make decisions that align with the person's well-being and best interests.
d. Avoid unnecessary restrictions and promote their participation in decisions affecting their life.
e. Ensure the person's rights and freedoms are respected.
f. Maintain transparency and accountability in all decisions and actions taken on behalf of the person.
g. I hereby bind myself to inform the Department of Social Security of any change in circumstance of the Pensioner / Beneficiary in accordance to Article 117 (1) of the Social Security Act of 1987, where if I fail to report, I may be penalised, jailed or both.
h. I understand that if the information given is false, I will be penalised as stipulated in the Criminal Code (Cap. 9.).

______________________________ ______________________________
Name and Surname (Administrator) Identity Card Number (Administrator)

______________________________ ______________________________
Signature (Administrator) Date

Witness Details and Declaration

Those listed here may act as a witness: Priest, Doctor, University Graduate, Parliament Member, Bank Manager, Public Officer (with grade not less than that of a Principal) or a Police Officer (with grade not less than that of an Inspector). The witness must be a Maltese national and has known both the Beneficiary / Pensioner and the Administrator for two (2) years or more.

If this declaration is for a Disability Pension, this section must be filled in by a Medical Practitioner or a Medical Specialist.

Identity Card Number: * ______________________________

Name: * ______________________________ Surname: * ______________________________

Profession: * ______________________________ Medical Council No (If Applicable) ______________________________

Contact Details

Address

House Number: ^ ______________________________ House Name: ^ ______________________________

Street: * ______________________________ Locality: * ______________________________

Post Code: * ______________________________

Contact Number: * ______________________________ Email: ______________________________

I certify that the person whose details appear in the Details of the Person with Disability or of the Person under Eighteen Years of this application, requires active representation due to: ______________________________

I certify that I am a Maltese national and have known both the pensioner / beneficiary and the Administrator listed in this application, for two (2) years or more.

I further certify that, in my opinion, the person whose details appear in the Declaration by the Person to act as an Administrator, is of good conduct and suitable to act as an Administrator for the person whose details show in the Details of the Beneficiary section of this application.

Rubber Stamp

______________________________ ______________________________

Signature (Witness) Date

Data Protection Declaration:

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap. 318.). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

Pursuant to the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.), we have a legal duty to respect and protect any personal information we collect from you and we will abide by such duty. We take all safeguards necessary to prevent unauthorised access and we do not pass on your details collected from you as a visitor and/or user, to any third party unless you give us your consent to do so or as authorised by law. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information. Such a request is to be addressed to "The Data Controller", Department of Social Security, 38, Ordnance Street, Valletta VLT 1021 or by email to dpsocialsecurity.dss@gov.mt and appropriate action would be taken at the earliest possible time. In making such a request, kindly quote your identity card number, social security number, your name and address and other relevant documentation to identify your case.