

- 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.](#)).
- I 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 authorise the Department of Social Security to pass on the information about my case to the Occupational Health and Safety Authority as required, for the compilation of statistics.
- I bind myself 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 understand that if for some reason or another, it is found that I was not entitled for this benefit, I will have to refund all payments received.

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Name and Surname (Applicant)

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Identity Card Number

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Signature

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Date