

Corroboration

Details of Head of Household

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

Details of Corroborator

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

Corroborator

- I declare today, 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 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 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 any change in circumstance to the Director.

Name and Surname of Corroborator

Name and Surname of Head of Household

Signature of Corroborator

Signature of Head of Household

Date