

Children's Allowance

For the period between 7th January 2017 and 5th January 2018

38, Ordnance Street, Valletta VLT 1021

E-mail: social.security@gov.mt

Website: www.socialsecurity.gov.mt

Freephone 153

* Indicates mandatory information

Application Received on __ / __ / ____

Parents' Details

Head of Household

Identity Card Number: * _____

Nationality: * _____

Name: * _____

Mobile Number: _____

Surname: * _____

E-mail: _____

Civil Status: * Married Widow/er Separated Civil Union
 Single Divorced Cohabitation

Spouse / Partner

The details requested are those of the other person forming part of this family unit

Identity Card Number: _____

Nationality: _____

Name: _____

Mobile Number: _____

Surname: _____

E-mail: _____

Civil Status: Married Widow/er Separated Civil Union
 Single Divorced Cohabitation

Contact Details

Address

House Name / Number * _____

Locality * _____

Street * _____

Post Code * _____

Children under 16 years in your custody for whom the claim is being made

Name and Surname	Date of Birth (DD/MM/YYYY)	Do you have Custody?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Children between 16 and 21 years in your custody who are registering for work for the first time

Name and Surname	Date of Birth <small>(DD/MM/YYYY)</small>	Do you have Custody?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Income Declaration *(Attach respective documents)*

2015

	Head of Household Income (€)	Spouse / Partner Income (€)
Full-Time FS3 / Profit and Loss Accounts / Audited Final Accounts / Memorandum and Articles		
Part-Time FS3 / Profit and Loss Accounts		
Rents, Ground Rents, Field Rents		
Privileges or similar income including any kind of annuity or alimony		
Other income not mentioned above <small>(Do not include interest from local banks)</small> Last pensions slip <small>(not applicable if in receipt of a Social Security Pension, a Treasury Pension or a Service Pension)</small>		

Tick (✓) relevant box and attach necessary documents if you experienced:

- | | |
|--|--|
| <input type="checkbox"/> Commencement / Termination of Employment (Head of Household) | Date of Commencement / Termination __ / __ / ____ |
| <input type="checkbox"/> Commencement / Termination of Employment (Spouse / Partner) | Date of Commencement / Termination __ / __ / ____ |
| <input type="checkbox"/> A period of Parental Leave (Not Maternity Leave) (Head of Household)
<small>(Document from employer showing period for Parental Leave)</small> | From __ / __ / ____ To __ / __ / ____ |
| <input type="checkbox"/> A period of Parental Leave (Not Maternity Leave) (Spouse / Partner)
<small>(Document from employer showing period for Parental Leave)</small> | From __ / __ / ____ To __ / __ / ____ |
| <input type="checkbox"/> Living abroad for a period exceeding 3 months (Head of Household)
<small>(Copy of Passport indicating the period you lived abroad)</small> | From __ / __ / ____ To __ / __ / ____ |
| <input type="checkbox"/> Living abroad for a period exceeding 3 months (Spouse / Partner)
<small>(Copy of Passport indicating the period you lived abroad)</small> | From __ / __ / ____ To __ / __ / ____ |
| <input type="checkbox"/> Marriage / Civil Union / Separation / Divorce (Head of Household)
<small>(Contract / Decree of Separation)</small> | Date __ / __ / ____ |
| <input type="checkbox"/> Marriage / Civil Union / Separation / Divorce (Spouse / Partner)
<small>(Contract / Decree of Separation)</small> | Date __ / __ / ____ |

Bank Account Details

Do you have a bank Garnishee Order? * Yes No

If you have a bank garnishee order, provide an official document and payment will be made by cheque. If you do not have a bank garnishee order, fill in the below bank details.

Allowance should be deposited in a Savings or Current Account, but not in a Loan Account. The indicated account must be in the name of the beneficiary.

Bank: _____

IBAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enter Mobile Number for an SMS notification regarding payment _____

IMPORTANT: *Application should be submitted within six (6) months as stipulated by law. Whole or part of the allowance may be forfeited, if applications are received late.*

Declaration

- I/We declare that all information given is to our 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 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 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 any change in circumstance to the Director. If the Director is not informed within six months from change of 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 Children's Allowance, I/we will have to refund all payments received.

Name & Surname (Head of Household)

Name & Surname (Spouse / Partner)

Identity Card Number

Identity Card Number

Signature

Signature

Date

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.

The Department of Social Security treats your personal information in accordance with the Data Protection Act, (Cap. 440.) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to "The Data Controller" at the Department and appropriate action would be taken at the earliest possible time. When making such requests, kindly quote your identity card number, national insurance number, your name and address and include any other relevant documentation to identify your case.