# Milk Grant

SOCIAL SECURITY

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* _ _ / _ _ / _ _ _ _

## Details of Head of Household

Name: * _____ Identity Card Number: * _____

Surname: * _____ Nationality: * _____

Address: * _____

_____

Date of Birth: * _ _ / _ _ / _ _ _ _ Mobile: _____

Telephone: _____ E-mail: _____

## Details of Child for whom this Claim is being made

Name: * _____ Surname: * _____

Nationality: * _____ Date of Birth: * _ _ / _ _ / _ _ _ _

## Details of Child *(To be filled by Medical Doctor)*

Name: _____ Surname: _____

Child's Weight: _____ Date Weighed: _ _ / _ _ / _ _ _ _

Is the child being breastfed? ☐ Yes ☐ No

If **Yes**, was it necessary to give the child complementary feeding? ☐ Yes ☐ No

If **No**, tick (✓) as applicable:

(a) It was necessary for child to be weaned; or ☐

(b) Child could not be breastfed due to health reasons ☐

_____
Name of Doctor

_____
Medical Council Number

_____
Signature

*Rubber Stamp*

_____
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 has to be in the name of the beneficiary.*

Bank: _____

IBAN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Enter Mobile Number for an SMS notification regarding payment _____

## Declaration

- 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 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 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 understand that if for some reason or another, it is found that I was not entitled for Milk Grant, I will have to refund all payments received for the period to which I was not entitled.

_____ _____

Name and Surname *(Head of Household)* Identity Card Number

_____ _____

Signature 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, social security number, your name and address and include any other relevant documentation to identify your case.