

for MATERNITY LEAVE BENEFIT



38, Ordnance Street, Valletta VLT2000
 Tel: 2590 3000 Fax: 2590 3001
 e-mail: social.security@gov.mt
 website: www.socialsecurity.gov.mt
 SPIC (Social Policy Information Centre) Tel: 159

Application received at this office on:
 (for Office purposes)

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1. PERSONAL DETAILS

Identity Card Number:

Name:

Address:

Date of Birth:

Telephone Number:

E-Mail:

National Insurance No.

Surname:

Date of Marriage:

Mobile Number:

Husband's Name:

Husband's Surname:

Husband's Identity Card Number:

Husband's Social Security Number:

Have you been residing in Malta for the past six months? YES NO

If NOT, when did you leave Malta?

When did you arrive?

2. MATERNITY LEAVE DETAILS *(This part is to be filled by the employer)*

THIS SECTION CANNOT BE LEFT EMPTY

I declare that the person applying for this benefit has availed herself of maternity leave as follows:

Period of maternity leave started on

Period of maternity leave terminated on

She has resumed / will resume work on

I declare that the above information is correct.

EMPLOYER'S / COMPANY'S DETAILS:

Name:

Address:

Tel:

E-mail:

Employer's Signature:

Date:

