

# Under the Social Security Agreement between Malta and Australia

Application Received on \_ \_ / \_ \_ / \_ \_ \_

Date: \_ \_ / \_ \_ / \_ \_ \_



\* Indicates mandatory information

38, Ordnance Street, Valletta, VLT 1021 Email: social.security@gov.mt Website: www.socialsecurity.gov.mt International Calls: +356 21255153 Freephone: 153

**Personal Details** Maltese Social Security N°: Maltese Identity Card Nº: \* Name: \* Surname: \* Maiden Surname: Date of Birth: (DD/MM/YYYY) (in case of married female) Centrelink Ref. N°: (if Known) Civil Status \* Single ☐ Married Cohabitation ☐ Separated maintaining Spouse / Partner ☐ Civil Union ☐ Widow/er Divorced ☐ Separated not maintaining Spouse / Partner Date of change in Civil Status (DD/MM/YYYY): \_ \_ / \_ \_ / \_ \_ \_ **Contact Details \*** Address House Name / Number: Locality: Street: Post Code: Contact Number: Email: Spouse / Partner The details requested are those of the other person forming part of this family unit Maltese Identity Card No: \* Maltese Social Security N°: Name: \* Surname: \* \_\_/\_\_/\_\_\_ Date of Birth: (DD/MM/YYYY) Maiden Surname: (in case of married female) Centrelink Ref. No: (if Known) If spouses are legally separated, attach a legal copy of Court's Order **Pension Details** Are you receiving or expecting to receive a pension (other than the Centrelink pension) for services rendered to one or more of your former employers 1 (inside and outside Australia)? If YES please enter the information and comply with the instructions shown hereunder. Yes

Where:

Kindly attach documentation showing the amount as on the first payment date of pension you are receiving or expecting

If Yes: From Where and Effective Date

to receive.

<sup>&</sup>lt;sup>1</sup> E.g.: A private pension, superannuation fund, retirement savings account, etc.
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| E-co-rol | -   | and L | lictor  | . : | NA - | 14 - |
|----------|-----|-------|---------|-----|------|------|
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| Valir | lact | omn | lovment    | in | Malta   |
|-------|------|-----|------------|----|---------|
| t Our | เสรเ | emb | iovillelit | ш  | iviaita |

| Employer / Company <sup>2</sup> | Grade / Designation | Year | Weekly Income <sup>3</sup> |
|---------------------------------|---------------------|------|----------------------------|
|                                 |                     |      |                            |

## **Employment History Declaration**

| Tick ( $\checkmark$ ) where applicable | Tick | <b>(√</b> ) | where | app | licabl | le: |
|----------------------------------------|------|-------------|-------|-----|--------|-----|
|----------------------------------------|------|-------------|-------|-----|--------|-----|

| I intend to continue employment               | // |
|-----------------------------------------------|----|
| I will commence employment from               | // |
| I will terminate employment <sup>4</sup> from | // |

### Working Life Residence in Australia

WORKING LIFE means: for men, between his 16th and 65th birthdays; for women, between her 16th and age pension age.

#### A. First arrival in Australia:

If born in Australia go to Question B

| Date of Arrival:                  | // | Place of Arrival: |  |
|-----------------------------------|----|-------------------|--|
| Name on Arrival:                  |    | Name of Ship:     |  |
| Airline Flight Number (if known): |    |                   |  |

B. Have you been absent from Australia during your working life for any period greater than 12 months since you first arrived in Australia?

If Yes, list all absences of more than 12 months below

| Departure Date | Name of Ship/Flight N° | Return Date | Name of Ship/Flight N° | Reason for Absence |
|----------------|------------------------|-------------|------------------------|--------------------|
| //             |                        | //          |                        |                    |
| //             |                        | //          |                        |                    |
| //             |                        | //          |                        |                    |
| //             |                        | //          |                        |                    |

<sup>&</sup>lt;sup>2</sup> If available, please attach any relevant documentation, e.g. letter of appointment / contract, termination of employment certificate, letter of reference by employer, statement of payee earnings, emoluments record.

<sup>&</sup>lt;sup>3</sup> If you do not remember the basic salary leave empty

<sup>&</sup>lt;sup>4</sup> If you intend to terminate employment please provide a termination employment certificate from your employer or a letter of resignation. Updated: February 2021 Page **2** of **4** 

| Fyes, please bring documents to your local Centrelink Office with this form.  Note Suitable documents are: group certificates, education certificates; reference from employer showing periods of employment; marriage certificate, pirch certificate; birth certificate of any of your children born in Australia, naturalisation certificate; passport; any other document which may help to onlivin your residence in Australia during your working life.  D. Please give details of persons who are not related to you and can confirm all or some of your residence in Australia during your working life. (e.g. employers, neighbours, co-workers etc.)  Name and Surname Address Contact Number Known for Period From To /-/ | $\square$ Yes                                                                 | ]                                                                          | No                                |                         |                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------|-------------------------|-----------------------|--|
| D. Please give details of persons who are not related to you and can confirm all or some of your residence in Australia during your working life.    D. Please give details of persons who are not related to you and can confirm all or some of your residence in Australia during your working life. (e.g. employers, neighbours, co-workers etc.)    Name and Surname                                                                                                                                                                                                                                                                                                                                                            | f Yes, please bring documents to your local Centrelink Office with this form. |                                                                            |                                   |                         |                       |  |
| Name and Surname Address Contact Number From To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | birth certificate; birth certificate confirm your residence in Austra         | of any of your children born in Australia<br>lia during your working life. | , naturalisation certificate; pas | sport; any other docume | ent which may help to |  |
| E. Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Sumame:  Address:                                                                                                                                                                                                                                                                                                | -                                                                             | -                                                                          | •                                 | or some or your res     | dence in Australia    |  |
| E. Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Surname:  Address:                                                                                                                                                                                                                                                                                               | Name and Surname                                                              | Address                                                                    | Contact Number                    | Known fo                | r Period              |  |
| E. Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Surname:  Address:                                                                                                                                                                                                                                                                                               |                                                                               |                                                                            |                                   | From                    | То                    |  |
| E. Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Surname:  Address:                                                                                                                                                                                                                                                                                               |                                                                               |                                                                            |                                   | //                      | //                    |  |
| E. Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Surname:  Address:                                                                                                                                                                                                                                                                                               |                                                                               |                                                                            |                                   | //                      | //                    |  |
| E. Please list all important personal events that occurred during your residence in Australia. This will help us verify your residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Surname:  Address:                                                                                                                                                                                                                                                                                               |                                                                               |                                                                            |                                   |                         |                       |  |
| residence in Australia (e.g. name, place and date of birth of children; name, address and dates of employment; details of schools that children attended; names, addresses of property owned)  F. If a friend or relative helped you fill in this form, please give details  Name and Surname:  Address:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                            |                                   | //                      | //                    |  |
| Name and Surname:  Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | residence in Austra                                                           | <b>alia</b> (e.g. name, place and date of b                                | irth of children; name, add       |                         |                       |  |
| Name and Surname:  Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                            |                                   |                         |                       |  |
| Name and Surname:  Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                            |                                   |                         |                       |  |
| Name and Surname:  Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                                                             |                                                                            |                                   |                         |                       |  |
| Name and Surname:  Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                            |                                   |                         |                       |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F. If a friend or relati                                                      | ve helped you fill in this form, ple                                       | ease give details                 |                         |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name and Surname:                                                             |                                                                            |                                   |                         |                       |  |
| Contact Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address:                                                                      |                                                                            |                                   |                         |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Contact Number:                                                               |                                                                            |                                   |                         |                       |  |

C. Do you have any documents which confirm your residence in Australia during your working life?

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| Necessary Documents                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ☐ Marriage Certificate *                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                                                                |
| ☐ Spouse's Birth Certificate *                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                                                                |
| Official documentary evidence that allowanc                                                                                                                                                                                                                                                                                                                                                                                                           | e was provided if separated / divorce                                                                                                                              | red                                                                                                                                                            |
| ☐ Treating Doctor's Report (TDR) and Work Ca                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                  |                                                                                                                                                                |
| <ul> <li>Termination of employment certificate or a capplicant terminated employment)</li> </ul>                                                                                                                                                                                                                                                                                                                                                      | document of evidence of cessation of                                                                                                                               | of employment (to be submitted only if                                                                                                                         |
| * Certificates of any births, marriages or deaths requested in this app                                                                                                                                                                                                                                                                                                                                                                               | lication, are to be attached only if they are no                                                                                                                   | t registered at the Public Registry of Malta.                                                                                                                  |
| Bank Account Details                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                                                                                                |
| Benefit should be deposited in an Australian or a Maltese Sa of the beneficiary or his / her spouse, or in a joint account.                                                                                                                                                                                                                                                                                                                           | avings or Current Account but not in a Lo                                                                                                                          | oan Account. The account should be in the name                                                                                                                 |
| If Bank is in Australia  Bank:                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                                                                                |
| Account Number:                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                |
| Account Name:                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bank BSB:                                                                                                                                                          | -                                                                                                                                                              |
| If Bank is in Malta                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    |                                                                                                                                                                |
| Bank:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                |
| IBAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                |
| Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                                                                                |
| <ul> <li>I declare, that all information given is to my knowled be penalised as stipulated by Law and also lose the 318.)</li> <li>I authorise the Department of Social Security Malany necessary information to determine the correct of bind myself to inform immediately the Department if I start working again.)</li> <li>I am aware that if in the future it transpires that I have Malta, such monies for which I was not entitled.</li> </ul> | ne right for all or part of the benefit as state and Centrelink Australia, to perform ct entitlement of this benefit.  ent of Social Security Malta, of any change | cipulated by the Maltese Social Security Act (Cap.<br>all the necessary investigations and to exchange<br>es in circumstance as indicated in this form. (e.g.: |
| Name and Surname                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    | 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.

Pursuant to the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Cap. 586.), we have a legal duty to respect and protect any personal information we collect from you and we will abide by such duty. We take all safeguards necessary to prevent unauthorised access and we do not pass on your details collected from you as a visitor and/or user, to any third party unless you give us your consent to do so or as authorised by law. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information. Such a request is to be addressed to "The Data Controller", Department of Social Security, 38, Ordnance Street, Valletta VLT 1021 or by email to dpsocialsecurity.dss@gov.mt and appropriate action would be taken at the earliest possible time. In making such a request, kindly quote your identity card number, social security number, your name and address and other relevant documentation to identify your case.

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