

## Declaration

- I declare that I have worked in Malta for at least a period of 1 year and have paid at least 52 Social Security Contributions under the Social Security Act.
- 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 this grant.
- I understand that the Director may make necessary investigations, and may ask persons and / or entities to provide information so that the grant will be calculated and determined.
- I bind myself to inform immediately any change in circumstance to the Director.
- I understand that if for some reason or another, it is found that I was not entitled for this Compensation, I will have to refund all payments received.

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Name & Surname

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Identity Card Number

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Signature

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Date