SIGURTÀ SOĊJALI

38, Ordnance Street, Valletta VLT2000
Tel: 2590 3000 Fax: 2590 3001
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SPIC (Social Policy Information Centre) Tel: 159

APPLICATION

SENIOR CITIZEN GRANT

Eligible for elderly who are seventy five years old or over and who live in their own home or with other family members.

Application received on:
(for office use only)

Personal Details

Surname:

Name:

Identity Card Number:

Date of Birth:

Nationality:

Date of Marriage:

Address:
(where permanently residing)

Number / Name:

Street:

Locality:

Postal Code:

BANK ACCOUNT DETAILS

Allowance is to be deposited in a Savings or Current Bank Account but not in a Loan Account. The indicated account has to be in the name of the beneficiary.

Name of Bank:

IBAN:

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. In making such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.

Declaration:

- I declare that I am not residing in a government, private or church home for the elderly.
- I declare that I reside permanently in Malta.
- 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 Senior Citizen Grant, I will have to refund all payments received.

Date

Signature

Witness