MINISTRY FOR SOCIAL POLICY AND CHILDREN'S RIGHTS

Application Form – 2026

Once-only Grant for persons who started employment with Telemalta Corporation in the period between 1st January 1978 and the 15th January 1979.		
Information requested in sections 1.1 to 2.1 to be filled in all applications. Information requested in sections 3.1 to 3.6 to be filled *only* if the person on behalf of whom the application is being made is still alive		
1.1	Name and surname of applicant or person on behalf of whom application is being made	
1.2	Identity Card number	
1.3	Date of birth	
2.1	Date of appointment by Telemalta Corporation	
3.1	Name and/or number of residence	
3.2	Name of street	
3.3	Locality	
3.4	Postcode	
3.5	Telephone number	
3.6	Mobile number	
Information requested in sections 4.1 to 5.6 to be filled only if the person on behalf of whom the application is being made is deceased*		
4.1	Name and surname of heir authorized to apply	
4.2	Identity Card number	
5.1	Name and/or number of residence	
5.2	Name of street	
5.3	Locality	
5.4	Postcode	
5.5	Telephone number	
5.6	Mobile number	

Bank Account Details **																																							
	IBAN: (of beneficiary or authorised heir) Attach Bank Statement indicating bank account holder																																						
M	**T**																																						

6.1	**Name of Bank Account Holder:**	

**** To be filled in only if not in receipt of any pension or benefit from the Department of Social Security. Bank account should be either savings or current.**

**In the case of applications made by heirs of deceased applicants, a declaration made by a notary public is to be submitted with the application form, in which declaration there shall be declared who the heir/heirs are and who is the sole heir authorized to receive payment on behalf of all heirs. Only the name and details of the authorized heir to receive payment shall be filled in sections 4.1 to 5.6.*

This application together with all the relevant documents are to be sent by post or delivered by hand to the: Department of Social Security, 38, Ordnance Street, Valletta, VLT 1021 or to the nearest servizz.gov hub, by **31st July 2026**. For further Information, applicants may call freephone 153 extension number 11.

Important Information

Personal information provided in this form is protected and processed in accordance with the Data Protection Act and the General Data Protection Regulation (GDPR).

In the event of an incorrect payment of a claim, the Ministry responsible for Social Policy and Children's Rights reserves the right to recover any funds paid in error. Where a fraudulent claim arises, the Minister responsible for Social Policy and Children's Rights may initiate criminal proceedings against those responsible.

The information shown on the application form will be owned by the Ministry for Finance and the Ministry for Social Policy and Children's Rights in solidum.

Declaration

I declare that the details and the information in this application are correct and that I deem myself eligible to receive a once-only grant under the terms and conditions of this Scheme.

I declare that my claim under this Scheme is final and that by accepting the grant I am renouncing to any other claim/pending action related to this Scheme, that I have or may have.

I understand that giving false and misleading information in connection with this application form is a serious offence and may result in a requirement to repay the full grant and be subjected to criminal proceedings.

_____	_____	_____
Signature of Applicant/ Authorised Heir	Identity Card No.	Date

MINISTRY FOR SOCIAL POLICY AND CHILDREN'S RIGHTS
Application Form - 2026

Once-only Grant for persons who were in employment with Malta Drydocks Corporation and Malta Shipbuilding and who in 2003 were transferred and eventually assimilated by Industrial Projects and Services Ltd (IPSL), now known as Resource Support and Services Ltd (RSSL)		
Information requested in sections 1.1 to 2.1 to be filled in all applications. Information requested in sections 3.1 to 3.6 to be filled *only* if applicant is still alive		
1.1	Name and surname of applicant or person on behalf of whom application is being made	
1.2	Identity Card number	
1.3	Date of birth	
2.1	Name of entity with whom applicant was employed before assimilation into IPSL (RSSL)	
3.1	Name and/or number of residence	
3.2	Name of street	
3.3	Locality	
3.4	Postcode	
3.5	Telephone number	
3.6	Mobile number	
Information requested in sections 4.1 to 5.6 to be filled only if the person on behalf of whom the application is being made is deceased*		
4.1	Name and surname of heir authorised to apply	
4.2	Identity Card number	
5.1	Name and/or number of residence	
5.2	Name of street	
5.3	Locality	
5.4	Postcode	
5.5	Telephone number	
5.6	Mobile number	
Bank Account Details **		
	IBAN.: (of beneficiary or authorised heir) Attach Bank Statement indicating bank account holder	
M T		
6.1	**Name of Bank Account Holder:**	
**** To be filled in only if not in receipt of any pension or benefit from the Department of Social Security. Bank account should be either savings or current.**		

**In the case of applications by heirs of deceased applicants, a declaration made by a notary public is to be submitted with the application form, in which declaration there shall be declared who the heir/heirs are*

and who is the sole heir authorised to receive payment on behalf of all heirs. Only the name and details of the authorised heir to receive payment shall be filled in sections 4.1 to 5.6.

This application and all relevant documents are to be sent by post or delivered by hand to the: Department of Social Security, 38, Ordnance Street, Valletta, VLT 1021 or to the nearest servizz.gov hub, by **31st July 2026**. For further Information, applicants may call on freephone 153 extension number 11.

Important Information

Personal information provided in this form is protected and used in accordance with the Data Protection Act and the General Data Protection Regulation (GDPR).

In the event of an incorrect payment of a claim, the Ministry responsible for Social Policy and Children's Rights reserves the right to recover funds paid in error. Where a fraudulent claim arises, the Minister responsible for Social Policy and Children's Rights may initiate criminal proceedings against those responsible.

The information shown on the application form will be owned by the Ministry for Finance and the Ministry for Social Policy and Children's Rights in solidum.

Declaration

I declare that the details and the information in this application are correct and that I am eligible to receive a once-only grant in the Scheme.

I declare that the claim under this Scheme is final and that by accepting the grant I am renouncing to any pending or other future claim related to this Scheme.

I understand that giving false and misleading information in connection with this application form is a serious offence and may result in a requirement to repay the full grant and to face criminal proceedings.

_____	_____	_____
Signature of Applicant/ Authorised Heir	Identity Card No.	Date

MINISTRY FOR SOCIAL POLICY AND CHILDREN'S RIGHTS

Application Form – 2026

Once only grant for former employees of the Rediffusion Group of Companies who were assimilated by Telemalta Corporation and other individuals engaged in the broadcasting division of the corporation prior to 1st January 1978		
Information requested in sections 1.1 to 2.1 to be filled in all applications. Information requested in sections 3.1 to 3.6 to be filled *only* if the person on behalf of whom the application is being made is still alive		
1.1	Name and surname of applicant or person on behalf of whom application is being made	
1.2	Identity Card number	
1.3	Date of birth	
2.1	Date of appointment by Rediffusion Group of Companies / Telemalta Corporation	
3.1	Name and/or number of residence	
3.2	Name of street	
3.3	Locality	
3.4	Postcode	
3.5	Telephone number	
3.6	Mobile number	
Information requested in sections 4.1 to 5.6 to be filled only if the person on behalf of whom the application is being made is deceased*		
4.1	Name and surname of heir authorized to apply	
4.2	Identity Card number	
5.1	Name and/or number of residence	
5.2	Name of street	
5.3	Locality	
5.4	Postcode	
5.5	Telephone number	
5.6	Mobile number	

Bank Account Details **																																		
6,1	**IBAN.: (of beneficiary or authorised heir) Attach Bank Statement indicating bank account holder**																																	
M	**T**																																	
6.2	**Name of Bank Account Holder:**																																	
**** To be filled in only if not in receipt of any pension or benefit from the Department of Social Security. Bank account should be either savings or current.**																																		

**In the case of applications made by heirs of deceased applicants, a declaration made by a notary public is to be submitted with the application form, in which declaration there shall be declared who the heir/heirs are and who is the sole heir authorized to receive payment on behalf of all heirs. Only the name and details of the authorized heir to receive payment shall be filled in sections 4.1 to 5.6.*

This application together with all the relevant documents are to be sent by post or delivered by hand to the Department of Social Security, 38, Ordnance Street, Valletta, VLT 1021 or to the nearest servizz.gov hub, by **31st July 2026**. For further Information, applicants may call freephone 153 extension number 11.

Important Information

Personal information provided in this form is protected and processed in accordance with the Data Protection Act and the General Data Protection Regulation (GDPR).

In the event of an incorrect payment of a claim, the Ministry responsible for Social Policy and Children's Rights reserves the right to recover any funds paid in error. Where a fraudulent claim arises, the Minister responsible for Social Policy and Children's Rights may initiate criminal proceedings against those responsible.

The information shown on the application form will be owned by the Ministry for Finance and the Ministry for Social Policy and Children's Rights in solidum.

Declaration

I declare that the details and the information in this application are correct and that I deem myself eligible to receive a once-only grant under the terms and conditions of thisScheme.

I declare that any claim under this Scheme is final and that by accepting the grant I am renouncing to any other claim/pending action related to this Scheme, that I have or may have.

I understand that giving false and misleading information in connection with this application form is a serious offence and may result in a requirement to repay the full grant and be subjected to criminal proceedings.

_____	_____	_____
Signature of Applicant/ Authorised Heir	Identity Card No.	Date