MINISTRY FOR SOCIAL POLICY AND CHILDREN'S RIGHTS
Application Form – 2024

Once-only Grant for persons who:

(a) were employed by corporations or entities in the public sector on their discharge from one of the labour corps established before 1979; or
(b) were employed by the Gas Board until its dissolution and afterwards were employed by Enemalta Corporation; or
(c) were apprentices with the Malta Electricity Board until its dissolution and afterwards were employed by Enemalta Corporation.

Information requested in sections 1.1 to 2.5 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	Name of Labour Corps and registration number in the corps if applicable (to be filled only by former corps members)	
2.2	Name of entity (Gas Board or the Malta Electricity Board) with whom applicant was employed or an apprentice	
2.3	Date of enlistment in the corps or date of employment with Gas Board or date of appointment as apprentice with the Malta Electricity Board (as applicable)	
2.4	Date of the first official appointment in the public sector	
2.5	Date of retirement from the public sector	
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	

**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 to the:

Department of Social Security, 38, Ordnance Street, Valletta, VLT 1021 or by e-mail on contactdss@gov.mt, by not later than **31st July 2024**.

Important Information

Personal information provided in this form is protected and used in accordance with the Data Protection Act.

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 used by the Ministry for Finance and the Ministry for Social Policy and Children's Rights.

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 under the terms and conditions of the Scheme.

I declare that this claim under this particular Scheme is final and that by accepting the grant I am renouncing to any other future claim related to this Scheme and withdraw any case or cases, presently instituted against Government, Authority or public entity. I understand that plaintiffs or authorised heirs, in such case or cases have to additionally present a sworn declaration in the Registry of the Superior Courts to renounce and withdraw the case or cases.

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