

APPLICATION

for MATERNITY BENEFIT



38, Ordnance Street, Valletta VLT2000
Tel: 2590 3000 Fax: 2590 3001
e-mail: social.security@gov.mt
website: www.socialsecurity.gov.mt

SPIC (Social Policy Information Centre) Tel: 159

Application received at this office on:
(for Office purposes)

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1. PERSONAL DETAILS

Identity Card Number:

National Insurance No.

Name:

Surname:

Address:

Date of Birth:

Date of Marriage:

Telephone Number:

Mobile Number:

E-Mail:

Husband's Name:

Husband's Surname:

Husband's Identity Card Number:

Husband's Social Security Number:

Have you been residing in Malta for the past six months? YES NO

If NOT, when did you leave Malta? When did you arrive?

2. APPLICANT'S EMPLOYMENT DETAILS

(To be completed ONLY if applicant is employed)

Were you employed in the last three months before the birth of child? YES NO

If YES, when did you stop working?

To be completed by your employer:

The person applying for Maternity Benefit is self employed. YES NO

The person applying for Maternity Benefit WILL AVAIL WILL NOT AVAIL herself of Maternity Leave.

EMPLOYER'S / COMPANY'S DETAILS:

Name:

Tel:

E-mail:

Employer's Signature:

Date:

