### MINISTRY FOR SOCIAL POLICY AND CHILDREN'S RIGHTS



**Application Form – 2025** 

## 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  |  |  |
|--|--|--|
|  | Name and surname of applicant or person on behalf of   |  |
| 1.1  | whom application is being made   |  |
|  |  |  |
| 1.2  | Identity Card number   |  |
| 1.3  | Date of birth  |  |
| 1.5  | Date of appointment by Rediffusion Group of Companies  |  |
| 2.1  | / Telemalta Corporation  |  |
|  |  |  |
| 3.1  | Name and/or number of residence  |  |
|  |  |  |
| 3.2  | Name of street   |  |
| 3.3  | Locality   |  |
|  |  |  |
| 3.4  | Postcode   |  |
| 2.5  | T.I. de la companya de |  |
| 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   |  |
|  |  |  |
| 12   | Identity Card number   |  |
| 4.2  | Identity Card number   |  |
| 4.2<br>5.1   | Identity Card number<br>Name and/or number of residence  |  |
| 5.1  | Name and/or number of residence  |  |
|  |  |  |
| 5.1<br>5.2   | Name and/or number of residence  |  |
| 5.1  | Name and/or number of residence  |  |
| 5.1<br>5.2   | Name and/or number of residence  |  |
| 5.1<br>5.2<br>5.3<br>5.4   | Name and/or number of residence<br>Name of street<br>Locality<br>Postcode  |  |
| 5.1<br>5.2<br>5.3  | Name and/or number of residence<br>Name of street<br>Locality  |  |
| 5.1<br>5.2<br>5.3<br>5.4   | Name and/or number of residence<br>Name of street<br>Locality<br>Postcode  |  |

\*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 by **31**<sup>st</sup> **July 2025**.

### **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.

### 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 to criminal proceedings.

Signature of Applicant/ Authorised Heir Identity Card No.

Date