

AUTHORIZATION

I/We, the undersigned, hereby provide authorization to pay electronically by bank transfer, to the following bank account from now on, any amounts that become payable to me / us by the Social Welfare Services.

I/We also authorize the Social Welfare Services / Ministry of Labor, Welfare and Social Insurance in cooperation with other competent Authorities of the Republic or from abroad and with Organizations / Bodies / Businesses to verify the accuracy of any of the information contained in this form which are deemed necessary and relevant for the purpose of their collection.

This authorization shall remain valid until notice of a further authorization by myself / us.

Name	
Surname	
ID Card Number / Alien Registration Card Number (ARC)	
Date of Birth	
Nationality	
Postal Address (Street and number)	
Postcode	
Town/ Village	
Mobile Telephone Number/ Landline	
Name of Bank	

Please fill in the following details for the bank account to which you want the bank transfer to be paid into.

NOTE: The payment will be made to your bank account, which must belong to you/ be held in your name / name of the beneficiary of the allowance / benefit. A joint account may also be accepted in case a natural person / beneficiary holds a joint account with another natural person, provided that the photocopy of the bank account statement or the bank certificate which shall be attached to this authorization also shows the name of the beneficiary who is to be paid.

IBAN (International Bank Account Number)

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Please attach a photocopy of part of a bank account statement / certificate from the Bank showing the name of the Bank, the owner/ account holder's name, and your international bank account number (**IBAN-INTERNATIONAL BANK ACCOUNT NUMBER**).

Full Name:.....

Signature:.....

SOLEMN DECLARATION

I solemnly declare that the above information is true. In case of any false statement, I acknowledge that I shall be guilty of an offense and in case of conviction shall be subject to the penalties set out in the current legislation.

I also acknowledge that in case I am paid an allowance erroneously without being entitled to it, I am obliged to pay it back.

PERSONAL DATA

This is a notification made according to the legislation for the protection of natural persons against the processing of their personal data and for the free movement of this data [Regulation (EU) 2016/679 and Law 125 (I) / 2018, as amended and/ or replaced from time to time]

The personal data that are declared by me in this form will be kept in a file, for a period which will be determined in accordance with the legislation on state records and will be processed by the Social Welfare Services for the purposes of payment of the allowance / grant / benefit via bank transfer to the bank account. This processing is protected by the legislation on the protection of individuals against the processing of their personal data and on the free movement of this data (hereinafter the Data Protection Legislation). Recipients of the data will be the competent staff of the Social Welfare Services. The personal data contained in the records kept by the Social Welfare Services may be disclosed or transferred between the involved government departments.

You are further informed that, among other things, you have the right to submit a request to the Director of Social Welfare Services to access or correct or delete your personal data or to restrict any processing that concerns you. You also have the right to lodge a complaint with the Personal Data Protection Commissioner. All your rights regarding the processing of your personal data are described in Chapter III of Regulation (EU) 2016/679.

Name: Signature:

Date: - / - / -