



Department of Social Security
HM Government of Gibraltar

Claim No.
Stamp and date of receipt

If you are a married woman who has paid or is paying the married woman reduced rate of social insurance contribution please complete this form.

Part 1 – Personal Details

Full name:

Maiden name:

Date of birth:

Address:

Daytime telephone no.

ID card number:

Tax reference no:

Date of marriage:

Part 2 – Details of husband

Full name:

Date of birth:

ID card number:

Tax reference No:

Date of death(if applicable):

Date of divorce(if applicable):

Signature:

Date:

Please return this form to the Department of Social Security, 14 Governor's Parade, Gibraltar