



# Department of Social Security

HM Government of Gibraltar

To: -

Employment Service  
Unit 76/77 New Harbours  
Gibraltar

Name: -

I/C No: -

The above named is required to register for employment in connection with a claim to: -

Social Assistance

SA Claim Number

Child Welfare Grant

CWG Claim

Unemployment Benefit

UB Claim Number

For Director of Social Security: -

Date: -

To: - Director of Social Security

Please note that the above named person has registered for employment

For Employment Service  
Signature and Stamp: -

Date: -

**IMPORTANT:** This form must be handed in at the Department of Social Security within three working days of registration at The Employment Service. Failure to return this form on time may result in loss of benefit.