



Housing Authority

22, Pietro Floriani Street
Floriana FRN 1060
E-Mail: customer.care.ha@ha.gov.mt
Website: www.housingauthority.gov.mt
Freephone 153

Declaration

I, the undersigned _____, son / daughter of _____
and _____ nee' _____ born _____
and residing _____

holder of ID Card No. _____ and _____,
son / daughter of _____ and _____ nee' _____,
born _____ and residing _____

holder of ID Card No. _____, am authorising **all Local and Foreign Banks;**
the **Malta Financial Services Authority (MFSA); all local Government entities** and the **Department**
for Social Security, to give information about me to the Housing Authority covering any period of time
as the same Authority deems fit, if the same Authority requests this information in writing.

Therefore for this purpose, I the undersigned am giving my power of attorney to the Housing Authority
to gather the necessary information mentioned above on my behalf.

Signature of Applicant

Signature of Applicant

Date