Application form for Invalidity Pension

Social Welfare Services INV 1 Data Classification R



You need a Personal Public Service Number (PPS Number) before you apply.

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.

If you do not have a spouse, civil partner or cohabitant:

Please fill in **Parts 1 to 4** and **Part 7** as they apply to you. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

Please fill in **Parts 1 to 7** as they apply to you. You must complete **Part 6** fully if you wish to claim an increase for your spouse, civil partner or cohabitant or if you wish to claim an increase for a qualified child. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

Your spouse, civil partner or cohabitant must also sign the declaration in **Part 1** if you are claiming an increase for them and/or your child(ren).

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office, Citizens Information Centre or Invalidity Pension Section.

Telephone: (043) 334 0000 or 0818 92 77 70

If you are calling from outside of Ireland please call + 353 43 334 0000

For more information, log on to www.gov.ie

How to	fill	this	form
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To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

- **1.** Your PPS Number:
- **2.** Title: (insert an 'X' or specify)
- 3. Surname:
- 4. First name(s):
- **5.** Your first name(s) as appears on your birth certificate:
- 6. Birth surname:
- 7. Your date of birth:
- **8.** Your mother's birth surname:

1	2	3	4	5	6	7	Т									
Mr.]	Mrs	s. 🗴	\langle	Ms	6.			(Dthe	er				
Μ	U	R	Ρ	Н	Y											
Μ	Α	U	R	Ε	Ε	Ν										
Μ	Α	R	Y													
Μ	С	D	Ε	R	Μ	0	T	T								
2	8		0	2		1	9	7	0							
D	D		Μ	Μ		Y	Y	Y	Y	•						
κ	Ε	L	L	Y												

Contact Details

9. Your address:	1		N	Ε	W		S	Т	R	Ε	Ε	T							
	0	L	D		Т	0	W	Ν											
	D	0	Ν	Ε	G	Α	L		Т	0	W	Ν							
County	D	0	Ν	Ε	G	Α	L			Ρ	ost	Со	de						
10.Your telephone number:	0	Ν	Ε		Ν	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	Χ	
	MO) B	۱L	Е										-					
	0	Ν	Ε		Ν	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	Χ	
	LA	N	DL	I N	Е														
11. Your email address:	0	Ν	Ε		С	Η	Α	R	Α	С	Т	Ε	R		Ρ	Ε	R		
	В	0	X																
SANDELE																			

Application form for **Invalidity Pension**

Social Welfare Services INV 1 Data Classification R



Part 1	Y	οι	ır	٥v	vn	de	eta	ils											
1. Your PPS Number:																			
 Title: (insert an 'X' or specify) 	Mr.			Mrs	s. []	Ms	s. [C	Othe	er						
3. Surname:																			
4. First name(s):																			
5. Your first name(s) as appears on your birth certificate:																			
6. Birth surname:																			
7. Your date of birth:	D	D		Μ	M		Y	Y	Y	V									
8. Your mother's birth surname:																			
			C	Cor	nta	ct	De	tail	S										
9. Your address:																			
County										Ρ	ost	Со	de						
10. Your telephone number:														Μ	0	BII	LΕ		
														L		D		NE	
11. Your email address:																			
				D	ec	lar	atio	on											

I/We declare that the information given by me/us on this form is truthful and complete. I/We understand that if any of the information I/We provide is untrue or misleading or if I/We fail to disclose any relevant information, that I/We will be required to repay any payment I/We receive from the department and that I/We may be prosecuted. I/We undertake to immediately advise the department of any change in my/our circumstances which may affect my/our continued entitlement.

	Date:			2	0	
		DD	MM	Y	ΥY	Υ
Signature (not block letters)	1					
	Date:			2	0	
		DD	MM	Y	YY	Υ
Signature from your spouse or civil partner or cohabitant (ne	ot block let	ters)				
Warning: If you make a false statement o prosecuted leading to a fine,			• •	may	be	
	an in					Page

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d - 4 - 11

Fart i continueu	1		Л	OW		u	ta	115	1											
12. Are you?		Sing Mar	rried] In a	a Ci		Part		•			
		Sep	oara	ated								1			g C				r	
		Div	orce	ed											Civil				tnar	ship
		Wic	low	ed																ved)
13. If you are married, in a civil partnership or cohabiting, from what date?	D	D]	Μ	M]	Y	Y	Y	Y]									
14. What country were you born in?																				
15. Do you live on an island off the coast of Ireland?If Yes, please state:		Ye	S				No													
Name of this island:																				
Date you started living on the island:	D	D		M	M]	Y	Y	Y	Y										
	Foi	r mo	ore	info	orma	atio	n ar	nd a	ı list	of	isla	nds	, log	g or	ı to	ww	w.g	ov.i	ie.	
16. What is your illness or incapacity?															<u> </u>		<u> </u>	<u> </u>		
17. What date did this illness or incapacity start?	D	D		M	M]	Y	Y	Y	Y]	1	<u> </u>	<u>I</u>	I	L	I	I	<u> </u>	
Part 2		Yo	ur	w	ork	(a	nd	C	lai	m	de	etai	ls							
18. Are you employed at prese	nt?				Г	_														
		Ye	S				No													
lf Yes, please state: Employer's name:																				
Employer's address:																				
County										P	osi	t Co	de				<u> </u>	<u> </u>	<u></u>	
Type of work:																·	 		<u> </u>	

Page 2 23456781



Your work and claim details

19). Are you or have yo	bu been s	self-	em	plo	yed	?															
				Ye	s				No													
	lf Yes , please state	e:				1		. <u> </u>			r			r		1						1
	Type of work you d	o/did:																				
	Registered number business:	of																				
	Dates of self- employment:	From:]									
		To:																				
			D	D		Μ	Μ		Υ	Y	Y	Y										
	Net yearly earnings	5: €],						8	a ye	ar								
	This is the money ye	ou have r	nad	e fro	om	self	-em	ploy	yme	nt a	fter	deo	duct	ing	ope	rati	ng e	жре	ense	es.		
20	. Where did you last	work?										~										
	Employer's name:																					
	Employer's address	S:																				
	(County										P	ost	Co	ode							
	Job title:																					
	Dates you worked there:	From:]									
		To:																				
			D	D		Μ	Μ		Y	Y	Y	Y										
	If you left employm confirming the last																	st ei	mpl	oye	er,	
	Are you related to t employer?	his		Ye	s				No													
	If Yes , please state											1	1		1		1	T		<u></u>		
	How are you relate	d:																	<u> </u>			
21	I. Are you getting an Supplementary We	y payme elfare All	nt fr owa	rom ance	thi: e)?	s de	epar	tme	ent o	or th	ne H	lea	lth S	Ser	vice	Ex	ecu	tive	(ind	clud	ling	
				Ye	s				No													
	lf Yes , please state	:				1	1	r	1		r	1	1	r	1		1					
	Name of payment:																					
	Amount:	€		,			_			8	a we	eek										



Your work and claim details

22. If you are not getting a payment, are you signing for 'credits', or are you sending in medical certificates for 'credits'?

'Credits' are special contributions, similar to PRSI contributions, that the department may give to people claiming certain social welfare payments. These 'credits' help to protect entitlements to benefits and pensions in the future.

If Yes, please continue to do so until you receive further notice.

23. Are you getting a social security payment from another country?

	Yes	No								
If Yes , please state: Name of country:										
Your claim or reference number:										
Amount:	€,		a week							
Please attach the most above amount.	recent payslip or	letter from tl	he Social	Secu	rity Ag	ency	confi	rming	յ the	;

24. Are you getting any other pension (private or occupational) from Ireland or from another country?

	Yes	No				
lf Yes , please state: Who pays this pension:						
Your claim or reference number:						
Amount:	€,	•	a week			
		• ··· • ··			<i>.</i> .	

Please attach the most recent payslip or letter from the people who pay you confirming the above amount.

25. Are you taking part in any of the following courses or schemes, insert an X in the box as it applies to you and give the date you started if you insert an X in the Yes box.

			Date you	i started:		
Community employment:	Yes	No				
Rural Social Scheme:	Yes	Νο	DD	MM	YY	YY
			DD	MM	ΥΥ	ΥΥ
Area-Based Initiative:	Yes	No				
	_	_	DD	MM	YY	YY
Back to Work Scheme:	Yes	No				
Vegetional Training		□	DD	MM	YY	YY
Vocational Training Opportunities Scheme:	Yes	No	DD	MM	YY	YY
Back to Education	Yes	No				
Allowance:			DD	MM	YY	YY
Community Services	Yes	No				
Programme:			DD	MM	YY	YY
SOLAS course or schemes:	Yes	No				
			DD	MM	ΥΥ	ΥΥ
School or college:	Yes	🗌 No				
			DD	MM	ΥΥ	ΥΥ
Other course or scheme:	Yes	Νο				
If Yes, please state:						
Name of course or scheme:						
Date you started: From:						
To:						
10.	DD		Ý Y			
How much you get paid for do			Ĭ			
			veek			
t	·,	a aw				



Your work and claim details

26. Have you ever lived or worked outside of Ireland?

Yes

No

If **Yes**, please give details below. We will notify other countries covered by EU Regulations or Bilateral Agreements that you may be entitled to a pension from them.

	Country 1
Country:	
Employer's name:	
Your address while living/ working there:	
working more.	
County	Post Code
Your social insurance number while there:	
Dates you From: worked there:	
To:	
	D D M M Y Y Y Y
Type of work:	
Note: A separate sheet of	paper can be used for more details if needed.
27. Do you own, share in the c	ownership of a farm or land?
	Yes No
If Yes, please state: Size of farm or land:	acres
Do you work the farm or land?	Yes No
28. If you own or share in the own works the farm or land:	ownership of a farm or land but do not work it, please state who
Their surname:	
Their first name(s):	
Their address:	
County	Post Code

Note: Please provide a written declaration from the above named confirming they are working the land.



Part 3

Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

			Fin	an	cia	al Ir	nst	itut	tior	ו										
You will find the following d	etail	ls p	rinte	ed c	on s	tate	eme	nts	fron	n yc	bur	fina	ncia	l in	stitu	utio	n.			
Name of financial institution:																				
Address of financial institution:																				
County										Ρ	ost	Со	de							
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s):																				
Name 1:																				
Name 2 (if any):																				
				Ρ	os	t C	offic	ce												
Post office name and address:																				
County										Ρ	ost	Со	de							
If you are unable to collect or c (known as an agent) to do so f	ash or y	ı yo ou,	ur p plea	ayr ase	ner co	nt at mpl	the ete	pos the	st of follo	ffice Swir	e an ng:	id y	ou v	van	t sc	me	one	els	e	
Your agent's name:																				
Your agent's address:																				
County										Ρ	ost	Со	de							
								Da	ate:								2	0		
Your Signature (not block letters)											D	D		N	Μ		Y	Y	Y)	Y
I agree to act as agent for the more information, log on to ww				nec	l in	Par	t 1 a	and	l ar	n av	war	e of	my	ob	liga	tior	ns. F	For		
								Da	ate:		D	D		V	M		2 Y	0		Y
Signature of agent (not block letter	s)			81.8			'				_	_		~ =			-	-	Pa	nge 7
78123456																			, u	.90 /

Part 4

Details of your qualified child(ren)

Note - You must complete Part	6 fully if	you	are	claiı	min	g ar	n inc	rea	se f	or y	our	qua	lifie	d ch	ild(r	en)	-		
29. Do you wish to apply for qualified child(ren)?	Y	es			1	No													
lf Yes , how many children	do you	wisl	h to	clai	m f	or?													
		ur	nder	age	e 18	3													
		ag	ge 1	8 - 2	22 i	n fu	ll-tir	ne	edu	icat	ion								
Please state child's:	Child	1									1	1					,		
Surname:																			
First name(s):																			
PPS Number:																			
Date of birth:																			
	DD	_	М	Μ		Y	Y	Y	Y										
	Child	2															,,		
Surname:																			
First name(s):																			
PPS Number:																			
Date of birth:																			
			Μ	Μ		Y	Y	Y	Y										
Surname:	Child	<u> </u>																	
First name(s):																			
PPS Number:																·]	
]																	
Date of birth:	DD		M	Μ		Y	Y	Y	Y										
	Child	4																	
Surname:																			
First name(s):																			
PPS Number:]										
Date of birth:																			
	DD	-	Μ	Μ		-	Y	Y	Y										
You must attach written c									-						-		8 -	22.	
Note: A separate sheet of 30. Are all of these children	paper c	an t	be u	sed	tor	det	ails	ot	othe	er c	nıld	ren	yoı	i ha	ve.				
living with you?		es				٩N													
If No, you can use a separ Page 8	ate she	et o						ails	•										



Part 5

Your spouse's, civil partner's or cohabitant's details

31. Their PPS Number:																
32. Title: (insert an 'X' or specify)	Mr.		N	lrs.		Ms	•			С	Othe	er				
33. Their surname:																
34. Their first name(s):																
35. Their birth surname:																
36. Their date of birth:																
	D	D		N N	N	Υ	Υ	Υ	Υ							
37. Their mother's birth surname:																
38. Their address:																
Only answer this question if you are married or in a																
civil partnership and do not live together.																
County									Ρ	ost	Со	de				

Part 6

Your spouse's, civil partner's or cohabitant's work and claim details

Part 6 MUST be completed in full if you are claiming an increase for your spouse, civil partner, cohabitant and/or child(ren). This information is required to decide if you have an entitlement and if so, the rate payable. If you are not claiming any increase, proceed to Part 8.

39. Do you wish to claim an increase for your, spouse, civil partner or cohabitant?

	Yes	No				
40. Are they employed at present? If Yes , please state:	Yes	No				
Their employer's name:						
Their employer's						
address:						
County			Pos	st Code		
Type of work:						
Gross income:	E,		year to d	late		
	Please attac	h 4 of their	most rece	nt payslips.	1	
Number of weeks worked:	year	to date				
87654321						Page 9

Your spouse's, civil partner's or cohabitant's work and claim details

41	. Are they currently self-employed? If Yes , please state:	[′es				No													
	Type of work they do/did	I: [
	Date self-employment started:	[D		M	M]	Y	Y	Y	Y										
	Net weekly earnings:	€ [,			_			â	a we	eek										
	This is the money they has provide documentary evide						•							•	erat	ing	ехр	ens	es.	Plea	ase
42	. Are they getting or have Health Service Executive		ey ap	plied	for	any	y pa	yme	ent(s) fr	om	this	s de	epar	tme	ent o	or th	ne			
			Y	′es				No													
	If Yes , please state:	[[
	Who pays this pension:	l																			
	Name of payment:																				
	Amount:	€	,						â	a we	ek										
43	. Are they getting a socia	l se	curity	' pay	mer	nt fr	om	anc	the	r co	unt	ry?									
		[Y	′es				No													
	lf Yes , please state:																				
	Type of pension:																				
	Name of country:																				
	Their claim or reference number:																				
	Amount:	€	,						â	a we	eek										
	Please attach the most above amount.	rece	ent pa	ayslip	o or	lett	er fr	om	the	So	cial	Se	curi	ty A	\ge	ncy	cor	nfirn	ning	the	9
44	(a). Are they getting any	othe	er pei	nsior	ı (pr	ivat	e oi	r oc	cup	atio	nal) frc	om l	rela	and	?					
		[<u> </u>	′es				No													
	If Yes , please state:	ſ			1			r	1	,	1	1	1		1		1		T	r	
	Type of pension:																				
	Who pays this pension:	[
	Their claim or reference number:	[
	Amount:	€[,						8	a we	eek										
	Blacco attach the most	rood	ont n	a valir	- or	lott.	or fr		the	. no	مماد				tha	~ ~	onfi	rmi	na t	ha	

Please attach the most recent payslip or letter from the people who pay them confirming the above amount.



Your spouse's, civil partner's or cohabitant's work and claim details

44(b). Are they getting any other pension (private or occupational) from another country?

lf Yes , please state:	Ye	es		No								
Type of pension:												
Who pays this pension:												
Their claim or reference number:												
Amount: €],				a	a we	eek					

Please attach the most recent payslip or letter from the people who pay them confirming the above amount.

45. Are they taking part in any of the following courses or schemes, insert an X in the box as it applies to them and give the date they started if you insert an X in the Yes box. **Date they started:**

Community employment:	Yes	No						
Rural Social Scheme:	Yes	No	D		M	Y	YY	Y
			D	D M	M	Y	YY	Υ
Area-Based Initiative:	Yes	No						
Back to Work Scheme:	Yes	No	D	D M	M	Y	YY	Y
			D	DM	Μ	Y	YY	Υ
Vocational Training Opportunities Scheme:	Yes	No	D	D M	M		YY	
Back to Education	Yes	No						
Allowance:	_		D	DM	Μ	Y)	YY	Υ
Community Services Programme:	Yes	No	D	D M	M		Y Y	
SOLAS course or schemes:	Yes	No						
			D	D M	M	Y	YY	Υ
School or college:	Yes	No						
Other course or scheme:	Yes	No	D	D M	Μ	Y	YY	Y
If Yes, please state:								
Name of course or scheme:								
Date they started: From:								
To:								
	DD	M M Y	ΥΥΥ					
How much they get paid for d	loing this s	cheme or cours	se:					
€		e	a week					
65432187								Page 11

Your spouse's, civil partner's or cohabitant's work and claim details

46.Do they own, rent or share in the ownership of a farm or land?

	Yes	No
If Yes , please state: Is this farm or land jointly ov	wned Yes	No
Size of farm or land:		acres
Net yearly income from farm or land:	€,	

Net yearly income is money you have made from the farm or land after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

47. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in Ireland or another country?

	Yes	i		No												
If Yes , please state:	· · · · · · · · · · · · · · · · · · ·			, ,											r	
Name of company:																
Number of shares held:		_,														
Total value per share: ϵ		,														
Are the stocks/shares jointly owned?	Yes	i		No			eas tails									V
Do they own any other shares?	Yes	i		No												
lf Yes , please give details o	on a sepa	arate s	heet o	f pa	per.											
48. If their farm or land is let, p	lease sta	ate net	yearly	/ inc	ome	from	lett	ing:								
Net yearly income: $\mathbf{\in}$,															
Note: Please provide a writ	tten decla	aration	confir	min	g am	ount	of y	ear	ly re	enta	l in	com	e.			
49. Do they have savings or a other financial institution in						builc	ling	SOC	iety	, cre	edit	uni	on	or a	ny	
	Yes	i		No												
If Yes , please state:	Financi	al Inst	itutior	า 1												
Name of financial institution:																
Bank Identifier Code (BIC):																
International Bank Account																
Number (IBAN):							1							1		
Current balance: €						7	1	<u> </u>	I							
Is this account a joint account?	Yes	,		No												
Name(s) of account holder(s):															
Name 1:																
Name 2 (if any):																
Page 12																
54321876																

Your spouse's, civil partner's or cohabitant's work and claim details

	Fin	anc	ial	Ins	titu	tior	1 2													
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account																				
Number (IBAN):]					
Current balance: €], [_													
Is this account a joint account?		Ye	s				No													
Name(s) of account holder(s):								r	1	r			1			1	1		
Name 1:																				
Name 2 (if any):																				
Please attach an original state	emer	nt foi	rea	ch a	CCO	unt,	sho	winę	g tra	insa	ctio	ns fo	or th	e las	st 6	mor	nths.			
Do you have any other accounts?		Ye	s				No													
If Yes , please give details o	on a	sep	bara	ate s	shee	et o	f pa	per	-											
50. Do they own or share in the	e ov	vnei	rshi	p of	pro	ppe	rty a	apai	rt fro	om	thei	r ho	ome	?						
		Ye	s				No													
If Yes , please state:										1					1				, , , , , , , , , , , , , , , , , , , ,	
Type of property:																				
Is this property jointly owned?		Ye	s				No													
Name(s) of property owner((<u>s):</u>						1		1	1				1	1		1	1	1	
Name 1:																				
Name 2 (if any):																				
Address of property:																				
Property would be an																				
apartment, business property, another house or land other																				
than that mentioned County										Р	ost	Со	de							
at question 46.] -						<u> </u>				
Is this property rented out?		Ye	s				No													
If 'Yes', please state: Rent from this																				
Rent from this € property:		,			∎			6	a we	ek										
Current market value: €		,],[
Outstanding mortgage € on property:		,],[]									
Shipiopoliy.	lf m	orto	jage	ed p	leas	se a	ttac	ha	rece	ent s	state	eme	ent fr	om	len	ding	ins	titut	ion.	



cohabitant's work and claim details
e ownership of any other properties?
Yes No
er can be used for details of any additional properties that they have. the property they are currently residing in?
Yes No
Please provide documentary evidence.
Yes No
Yes No
ne of the person that they pay the maintenance to:
, a week
Please provide a copy of the maintenance agreement.
Yes No
me of the person that pays the maintenance:
, a week
Please provide a copy of the maintenance agreement.
Yes No
cluding source of income and weekly earnings in the space provided:

- 1

.....

Note: A separate sheet of paper can be used for more details if needed.

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Other payments

Living Alone Increase

mainly alone. For more information, log on to www.gov.ie.

You may get a Living Alone Increase if you are getting an Invalidity Pension and live alone or

56. Do you wish to claim a Livi	ing Alone Increase?	
	Yes No	
If Yes , please state date you started living alone or mainly alone:		
	Household Benefits Package	
 Electricity or Gas Free Television I 		
	Fuel Allowance	
This allowance is means teste	d and is subject to your household composition.	
57. Do you wish to apply for a	Fuel Allowance?	
If No , please go to Part 8.		
If Yes , please complete full no income, please enter 0 i 58. Your details: Gross weekly income: €	y the remainder of this section. Do not leave any question blank. If n each box.	
	Please provide documentary evidence from all sources of income.	
Total savings/ investments: €	Please provide documentary evidence of all of these savings and investments.	
Value of property: (other than family home) €		
Rent from all property: (other than family home) €	Please provide documentary evidence of all other properties you have including address and valuation.	
Farm Income (net yearly income from farm/land)	'Net yearly income' is money you have made from the farm or land after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.	
Have you any other income such as maintenance:		
If Yes , please provide documentary evidence.		
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You must also complete Q 59 about ALL the people living with you including your spouse, civil partner or cohabitant if you haven't completed Part 6 fully. If they have no income please put a 0 in the amount boxes.

59. The following people live with me:

	Person 1 living with me
Name:	
PPS Number:	
Gross weekly income:	€ , a week
Total savings/ investments/property value: (not family home)	€,
Profit from business:	€, a year
	Person 2 living with me
Name:	
PPS Number	
Gross weekly income:	€ , a week
Total savings/ investments/property value: (not family home)	€,
Profit from business:	€ , a year
	Person 3 living with me
Name:	
PPS Number:	
Gross weekly income:	€ , a week
Total savings/ investments/property value: (not family home)	€,
Profit from business:	€, a year

Note: You may be asked to supply documentary evidence of all income.



Have you enclosed the following?

- Your P60.
 (if you worked in the last full tax year).
- A letter from your last employer confirming your last date of employment or a P45 if you have ceased employment.
- If you have been in self employment, a letter from Revenue confirming the date that selfemployment ceased.
- If you are claiming fuel allowance please provide statements from all financial institutions showing the last 6 months transactions and the name and address of the account holder(s). (if you or your spouse, civil partner or cohabitant have money or investments in a financial institution).
- Advice slips from any pensions you or your spouse, civil partner or cohabitant are receiving.
- Letter from school or college.
 (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education).
- If you are claiming an increase for your spouse, civil partner or cohabitant and/or children please provide statements from all financial institutions in their name or jointly held.

If you were born, married or entered into a civil partnership or a civil union outside of Ireland:

- Your birth certificate.
- Your marriage certificate or civil partnership or civil union registration certificate.
- Your spouse's, civil partner's or cohabitant's birth certificate. (if applying for an increase for them).
- Your child(ren)'s birth certificate(s).
 (if applying for an increase for them).

Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Remember to send in all the certificates and documents with this application, or say that you will send them later.

Make sure that you supply all information required in this form.

Please remember to sign the Declaration in Part 1.

Your spouse, civil partner or cohabitant must also sign the declaration in Part 1 if you are claiming an increase for them and/or your child(ren).

If you have any difficulty in filling in this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre.



Department of Social Protection Invalidity Pension Claims Section Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone: (043) 334 0000 or 0818 92 77 70 If you are calling from outside of Ireland please call + 353 43 334 0000

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 01K 09-21 Page 18 DIM IN INCOMPACT Representation Interpretation Interpretati

