



Application form for State Pension (Contributory)

You need a Personal Public Service Number (PPS No.) 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:

Fill in **Parts 1 to 6** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

Fill in **Parts 1 to 7** as they apply to you. You must complete **Part 8** fully if you wish to claim an increase for your spouse, civil partner or cohabitant. Please note that this increase is based on a means assessment. If claiming this increase for your spouse, civil partner or cohabitant, you are legally obliged to declare all of their income (including foreign pensions), savings and property (other than your own home). **Part 9** must be filled in and signed by your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in **Part 1**.

If you have lived or worked in another country:

We will apply for a pension on your behalf to those countries covered by EU Regulations or Bilateral Agreements.

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

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

Important:

You should apply **3 months** before reaching pension age.

If you do not claim within **6 months** of becoming eligible, you could lose some payment.

How to fill this form

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 No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Postcode										
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE

Application form for State Pension (Contributory)



Part 1

Your own details

1. **Your PPS No.:**

2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. **Surname:**

4. **First name(s):**

5. **Your first name as it appears on your birth certificate:**

6. **Birth surname:**

7. **Your mother's birth surname:**

8. **Your date of birth:**

D D M M Y Y Y Y

Contact Details

9. **Your address:**

County **Postcode**

10. **Your telephone number:** **MOBILE**

LANDLINE

11. **Your email address:**

Declaration

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

Signature (not block letters)

Date:

D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Part 1 continued

Your own details

12. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner
(you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, please state from what date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

14. Your country of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Are you?

- Employed
- Retired
- Other

If 'Other', please specify:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Part 2

Your work and claim details

Your work details

16. Did you work in Ireland before 1979?

- Yes
- No

If 'Yes', state your Social Insurance number or addresses you lived at during this time:

Your Social Insurance number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



17. If you are or were a teacher, civil servant or in the Army, please state:

Name of department/school:

Address of department/school:

School roll number, if applicable:

--	--	--	--	--	--	--	--	--	--

Army number, if applicable:

--	--	--	--	--	--	--	--	--	--

Dates you worked there:

From:

--	--

--	--

--	--	--	--

To:

--	--

--	--

--	--	--	--

D D M M Y Y Y Y

Pension payroll number:

--	--	--	--	--	--	--	--	--	--

18. Please give details of all your employments in Ireland:

Employer 1

Employer's name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's address:

Job title:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dates you worked there:

From:

--	--

--	--

--	--	--	--

To:

--	--

--	--

--	--	--	--

D D M M Y Y Y Y



Employer 2

Employer's name:

Employer's address:

Job title:

Dates you worked there: From:
 To:
 D D M M Y Y Y Y

Note: A separate sheet of paper can be used for details of any additional employments that you had.

19. If you are or have been self-employed in the Republic of Ireland, please state:

Dates of self-employment: From:
 To:
 D D M M Y Y Y Y

20. If you ever lived or worked outside the Republic of Ireland, please state:

Country 1

Country:

Employer's name:

Your address while living/working there:

Your social insurance number while there:

Dates you worked there: From:
 To:
 D D M M Y Y Y Y

Type of work:



Country 2

Country: [grid]

Employer's name: [grid]

Your address while living/working there: [grid]

Your social insurance number while there: [grid]

Dates you worked there: From: [DD][MM][YYYY] To: [DD][MM][YYYY]
D D M M Y Y Y Y

Type of work: [grid]

Country 3

Country: [grid]

Employer's name: [grid]

Your address while living/working there: [grid]

Your social insurance number while there: [grid]

Dates you worked there: From: [DD][MM][YYYY] To: [DD][MM][YYYY]
D D M M Y Y Y Y

Type of work: [grid]

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



Part 2 continued

Your work and claim details

Your claim details

21. If you are getting a social security payment from another country, please state:

Name of country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your claim or reference number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Amount: €

--	--	--	--

,

--	--	--	--

 .

--	--

 a week

22. Is your spouse, civil partner or cohabitant getting paid for you on their pension, benefit or allowance, from Ireland or any other country?

Yes No

If 'Yes', please state:

Their claim or reference number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Identifier Code (BIC):

--	--	--	--	--	--	--	--	--	--	--	--	--

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name 2 (if any):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:



Part 4

Details of your qualified child(ren)

23. How many children who normally live with you do you wish to claim for:

under age 18

age 18 - 22 in full-time education

24. Please state child(ren)'s:

PPS No.:

PPS No.:

PPS No.:

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

Part 5

Homemaker's details

25. Since 6 April 1994, if you spent time caring for dependent child(ren) under age 12 or for an ill or disabled person, on a full-time basis, please state the person's / child's:

PPS No.:

Surname:

First name(s):

Dates you were caring this person/child: From:

To:

D D M M Y Y Y Y



Living Alone Increase

You may get a Living Alone Increase if you are getting a **State Pension (Contributory)** and live alone or mainly alone. For more information, log on to www.welfare.ie.

26. Do you wish to claim a Living Alone Increase?

Yes No

If 'Yes', please state date you started living alone or mainly alone:

D D M M Y Y Y Y

Household Benefits Package

You may qualify for the Household Benefits Package, which is made up of 2 allowances:

- Electricity or Gas Allowance
- Free Television Licence

For more information on extra benefits available to pensioners, log on to www.welfare.ie.

Fuel Allowance

This allowance is subject to a means test of all the people living in your household (including yourself). Only one person in a household can get this allowance.

27. Do you wish to apply for a Fuel Allowance?

Yes No

If 'No', please go to Part 7.

If 'Yes', please complete fully the remainder of this section. Do not leave any question blank. If no income, please enter 0 in each of the amount boxes.

28. Your details:

Gross weekly income: € , . a week

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) € , , .

Please provide documentary evidence of all other properties you have including address and valuation.

Rent from all property:
(other than family home) € , . a week

Please provide documentary evidence of all rents from other property.

Profit from business: € , , . a year

Please provide documentary evidence such as the last available copy of accounts.



You must also complete Q.29 in respect of ALL the people living with you. If they have no income please put a 0 in the amount boxes.

29. The following people live with me:

Person 1 living with me

Name:

PPS No.:

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 No.:

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 No.:

Gross weekly income: € , . a week

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Note: If more than three people live with you, a separate sheet of paper can be used.
You may be asked to supply documentary evidence of all income.



Part 7**Your spouse's, civil partner's or cohabitant's details**

30. Their PPS No.:

31. Title: (insert an 'X' or specify) Mr. Mrs. Ms. Other

32. Their surname:

33. Their first name(s):

34. Their birth surname:

35. Their date of birth:
D D M M Y Y Y Y

36. Their mother's birth surname:

37. Their address:
Only answer this question if you are married or in a civil partnership and do not live together.

Part 8**Your spouse's, civil partner's or cohabitant's work and claim details**

38. Do you wish to claim an increase for your spouse, civil partner or cohabitant? (You must select 'Yes' or 'No'). Yes No

If 'No', please go to Part 10.

If 'Yes', please complete fully the remainder of this section. If they have no income, please put a 0 in each of the amount boxes.

The increase for a qualified adult is a means tested payment. The means of your spouse, civil partner or cohabitant will be assessed.

Please supply documentary evidence (such as bank statements) for the last 6 months for all savings, investments and income.

39. If they are getting any other pension (private or occupational) from another country, please state:

Type of pension:

Who pays this pension:

Their claim or reference number:

Amount: € , . a week



40. If they are employed at present, please state:

Their employer's name:

Their employer's address:

Type of work:

Gross income: € , . year to date

Please attach 4 of their most recent payslips.

Number of weeks worked: year to date

41. If they are currently self-employed, please state:

Type of work they do/did:

Date self-employment started:
D D M M Y Y Y Y

Net weekly earnings: € , . a week

This is the money they have made from self-employment after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

42. If they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country, please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):



Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 4

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 6 months. If they have any other accounts, you must give details of these to this Department on a separate sheet of paper.



43. If they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country, please state:

Name of company:

Number of shares held: ,

Value per share: € , .

Are the stocks/shares jointly owned? Yes No

Please attach a statement to show details and current market value.

Do they own any other shares? Yes No

If 'Yes', please give details on a separate sheet of paper.

44. If they own (share in the ownership) or work a farm or land, please state:

Size of farm or land: acres

Gross yearly income: € , .

'Gross yearly income' is money they have made from the farm before deducting operating expenses.



45. If they own or share in the ownership of property apart from their home, please state:

Type of property: [grid]

If this property is jointly owned, please state:

Name 1: [grid]

Name 2 (if any): [grid]

Address of property: [grid]

[grid]

[grid]

[grid]

'Property' includes but is not limited to an apartment, business property, another house or land other than that mentioned at question 44.

If this property is rented out, please state:

Income: € [grid], [grid]. [grid] a week

Current market value: € [grid], [grid], [grid]. [grid]

Mortgage outstanding: € [grid], [grid], [grid]. [grid]

Note: If they have other properties, a separate sheet of paper can be used for more details.

46. If they have a room let in the property they are currently residing in, please state:

Income: € [grid], [grid]. [grid] a week

47. If they have any other income please give details in the box below:

[Large empty box for details]

48. If they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:

[Large empty box for details]



Any increase for a qualified adult which you (the pension claimant) qualify for will be paid direct to your spouse, civil partner or cohabitant unless they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to receive this increase with your pension, on their behalf.

Declaration of Spouse, Civil Partner or Cohabitant

Important Notice:

The remainder of this page should be filled out by the person named in Part 7.

(a) I, , wish to have any Increase for a Qualified Adult paid directly to me.

OR

(b) I, , wish to have any Increase for a Qualified Adult paid directly to the person named in Part 1 with their pension.

If part (a) above has been signed, 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.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:



Have you enclosed the following?

— **Your P60 for the last full tax year before you reach(ed) age 66**
(if you were employed that year)

— **Letter from school or college**

You must attach written confirmation from the school or college confirming that any child(ren) aged 18 - 22 listed in **Part 4** of this form are in full time education.

If you are claiming for Fuel Allowance, please make sure that you have you fully completed Questions 28 and 29.

If you are claiming an increase for your spouse, civil partner or cohabitant, please enclose statements from all financial institutions in the name of or jointly held by them, showing the last 6 months transactions.

If you were born, married or entered into a civil partnership or a civil union outside the Republic 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.

If you are claiming an Increase for a Qualified Adult for your spouse, civil partner or cohabitant please provide 6 months bank statements.

Please remember to sign the Declaration in Part 1.

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



Send this completed application form to:

State Pension (Contributory) Section
Social Welfare Services
Department of Employment Affairs and Social Protection
College Road
Sligo



Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

