Application form for

Voluntary Contributions

- Please use BLOCK LETTERS.
- Please use BLACK INK and complete all questions.
- Please do not forward any payment with this application.
- For more information, visit **www.gov.ie**.

Ρ	art 1	Υ	oui	r ov	vn (de	tai	ls											
1.	Your PPS Number:																		
2.	Title: (insert an X or specify)	Mr.		Mrs	8.		Ms.]		С)the	r						
3.	Surname:																		
4.	First name(s):																		
5.	Birth surname:																		
6.	Your date of birth:																		
		D	D	M	Μ		Y	Y	Υ	Y									
				Cor	ntac	rt D	Det	ail	S										
7.	Your address:																		
	County																		
	Postcode																		
8.	Your telephone number:													Μ	0	311	_ E		
															AN	D		ΙE	
9.	Your email address:																		

Declaration

I hereby apply to become a Voluntary Contributor under the Voluntary PRSI Contribution Scheme. I declare that all the information I have given on this form is accurate.

I will tell the Department when my circumstances change.

	Date:					2	0		
		D	D	M	M	Υ	Υ	Y	Y
Signature (not block letters)									

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

Social Welfare Services VC 1 Data Classification R



Part 2

Your employment details

10. Please state what year(s) you wish to pay Voluntary Contributions:

From:	2	0		
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11. Do you wish to pay voluntary contributions on an on-going basis?

12. If you have ever been employed outside the Republic of Ireland, please give details in the space provided and include dates you worked in the country and your Social Insurance Number when you worked there:

No

Part 3

Agent authorisation

I hereby authorise, [represent me in my	dealings with the Dep	partment as a v	oluntary co		to act as my	v agent and
			Date:			20
				DD	MM	Y Y Y Y
Signature (not block l	etters)					

Note

If an agent is not authorised we are unable to correspond with them in relation to your voluntary contributions.

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 Branch Office.

Part 4

Any other information

13. If you have any other information, please give details in the space provided:

Send this completed application form to:

Client Eligibility Services Department of Social Protection Social Welfare Services Government Offices Cork Road Waterford

Telephone: (01) 471 5898 or 0818 690 690

If you are calling from outside the Republic of Ireland please call + 353 1 471 5898

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 a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 00K 09-21 Edition: September 2021