**Documentation Required for PPSN**

When submitting application for a PPS Number from abroad, please ensure the following is enclosed to expedite waiting time for PPS Numbers:

* **REG1 Application Form** (must include **mother’s birth surname** and co-signed by a **witness** – a person known to you)
* Signed **Declaration**
* **Documentary evidence** to show that a PPSN is required (a letter from SETU)
* **UK Nationals –** Copy of Passport (or copy of Drivers Licence which must be accompanied by a Birth Certificate)
* **EU Nationals and EEA Countries –** Copy of Passport or copy of both sides of National ID card; **Non EEA Countries –** Copy of Passport

**Declaration**  (tick the appropriate box/es)

I enclose my application for a PPS Number and I declare that I am unable to make personal application at a Social Welfare Registration Centre because I am:

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**Non-Resident** **Ill /Incapacitated\* Working Abroad**

(Please Specify)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Án Roinn Gnόthaí Sόisilacha Department of Social

Agus Teaghlaigh and Family Affairs

Oifig Seirbhísí Leasa Shoisialaigh Social Welfare Services Office

Grianán na Sionna Shannon Lodge

Cora Droma Ruisc Tel: 00353 1 7043000 Carrick on Shannon

Co Liatroma 1890 927 999 Co Leitrim

If the PPS number is required for the following please state clearly:

For a property transaction, please state the transaction and give the full address of the property

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For probate/inheritance, please give the name and date of death of the benefactor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For any other reason, please give details, you must provide documentary evidence of same:

*I am invited to act as an External Examiner to South East Technological University. PPSN is required to facilitate payments for travel expenses and fees for my services.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_