

Part 2

Your employment details

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

From:

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Y Y Y Y

11. Do you wish to pay voluntary contributions on an on-going basis?

Yes No

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:

Part 3

Agent authorisation

I hereby authorise,

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 to act as my agent and represent me in my dealings with the Department as a voluntary contributor.

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Signature (not block letters)

Date:

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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.

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.