PPS NUMBER EXCEPTIONAL APPLICATION PROCEDURE/REQUIRED DOCUMENTS

***The standard procedure for obtaining a PPS No is to make an application in person at one of the Departments’ Registration Centres and provide Proof of Identity.***

***An exemption from the standard procedure may be authorised by Client Identity Services in circumstances where the applicant is Ill/incapacitated, Non-Resident or working abroad. Where an exemption from the standard procedure has been authorised the following applies:***

1. Complete this declaration and return it with a REG1 form, completed as far as possible, to Client Identity Services accompanied by evidence of your identity and evidence of address.
* **Irish Nationals** – **Copy** of Long form Birth Certificate and **copy** of valid photographic ID (Passport/Drivers Licence)
* **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
* **If applicant under 16 years** - a **copy** of applicants Birth Cert and a **copy** of parents Passport should accompany Reg1.
* **Documentary evidence to show that a PPSN is required**

**Note: The Exceptional application process cannot be availed of if you are living in or intend to relocate to Ireland for any period of time**

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1. We will process your application and forward your PPS Number, but it is your responsibility to present the number to the Revenue Commissioners, Health Board or other Public Service providers requesting it
2. Client Identity Services reserves the right to decline to process any postal application, and also to insist on personal application at a Social Welfare Local Office where this is considered possible and practicable.

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**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:

X

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

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

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