



# Replacement Social Services Card or Pension/Benefit/Allowance Book

This form should be completed as follows:

- Your own details and details about the Card/Book that is lost/stolen/destroyed must be given at PART 1.
- You must have PART 2 completed and stamped at the Post Office where you cash your payment.
- You must have PART 3 signed and stamped at your local Garda Station.

If you are having difficulty maintaining/cashing your book of payable orders it may be possible to have your payment paid direct to your Bank/Post Office account (this is known as Direct Payment). For more information please contact the Department at the relevant address or by telephone - details given at the back page of this form.

- Please use BLOCK LETTERS and place a tick ( ✓ ) in the relevant boxes.
- Please answer ALL questions fully.

REMEMBER: If you complete and return this form immediately, it will help us to send you a Replacement Card/Book without delay - addresses are listed on the back page of this form.

## PART 1

## Your Own Details

1. Are you reporting the loss of?  
(tick ( ✓ ) box across)

☐

Your Social Services Card

☐

Your Social Welfare Pension/Benefit/Allowance Book(s)

2. If you are reporting the loss  
of your Pension/Benefit/  
Allowance book, please state:

— Type of Payment you are getting

Name of Payment

(For example, Old Age (Contributory) Pension, One-Parent Family Payment, Child Benefit, Invalidity Pension etc..)

— What is your Claim Number,  
if known?

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This number is on all letters/correspondence we have sent to you.

3. Please give your PPS No.  
(Personal Public Service  
Number) if known (this is the  
same as your RSI/Tax number)

FIGURES						LETTER(S)	

Please state:

☐

Mr.

☐

Mrs.

☐

Miss

☐

Ms.

☐

Other

Please specify.

4. Your Full Name

'Maiden Name' is your name  
before you married if you are a  
woman.

First Name(s)

Last Name

Maiden Name (if any)

5. Where do you live?

Address

6. Telephone Number (if any)

Home Code

Local Number

Work Code

Local Number

7. Your Date of Birth

DAY

MTH





YR

continued overleaf



## PART 1 continued

## Your Own Details

8. If you have changed address recently please state your previous address

Other Address

9. Give details here of your lost, stolen or destroyed Pension/ Benefit/ Allowance book

### Book 1

Type of Payment book which is lost/stolen/destroyed

Name of Payment

Weekly Amount you are paid

Amount € a week

Date of last order cashed by you

DAY  MTH  YR

How was your book lost/ stolen/destroyed?

Reason(s) for loss of book:

### Book 2

Type of Payment book which is lost/stolen/destroyed

Name of Payment

Weekly Amount you are paid

Amount € a week

Date of last order cashed by you

DAY  MTH  YR

How was your book lost/ stolen/destroyed?

Reason(s) for loss of book:

10. Please give Name and Address of Post Office which you use to cash your payment

Post Office Name

Address

11. Have you claimed Supplementary Welfare Allowance (SWA) from the Health Board since your book was lost/stolen/destroyed?

YES ☐ NO ☐

If YES please state:

Date you claimed SWA

DAY  MTH  YR

Amount you were paid

Amount € a week

## PART 2

To be completed at Post Office where  
you cash your payment

I certify that the person named at PART 1 has reported the loss/theft/destruction of his/her:

- ☐ Social Services Card  
☐ Social Welfare Pension/Benefit/Allowance book(s)

at this Post Office.

For and on behalf of Postmaster.

SIGNED

(NOT block letters)

DATE

Post Office Official Stamp

## PART 3

To be completed at Garda Station

I certify that the person named at PART 1 has reported the loss/theft/destruction of his/her:

- ☐ Social Services Card  
☐ Social Welfare Pension/Benefit/Allowance book(s)

at this Garda Station.

For and on behalf of Station Officer in Charge.

GARDA'S  
SIGNATURE

(NOT block letters)

DATE

Garda Station Official Stamp

## PART 4

Declaration to be completed by YOU

I declare that all the details I have given are true and complete.

I undertake to tell the Department of Social, Community and Family Affairs if my Social Services Card or Pension/Benefit/Allowance book(s) reported in this form is/are returned or found by me. I will NOT cash any orders from the book(s) returned or found without the prior agreement of the Department.

I understand that I will have to refund to the Department of Social, Community and Family Affairs any overpayment which may occur as a result of duplicate payment of Pension/Benefit/Allowance received by me.

- You MUST sign here:



YOUR Signature  
or Mark

(NOT block letters)

DATE

If the claimant is unable to sign, his/her mark should be made and witnessed. The witness should sign below:

SIGNATURE OF  
WITNESS

(NOT block letters)

DATE

ADDRESS OF  
WITNESS

WARNING: Penalty for false statement or withholding information: Fine or Imprisonment or both.

This completed form should be sent to the appropriate address overleaf

# This completed Application Form should be sent to:

## If your payment book was for:

- Old Age (Contributory) Pension
- Old Age (Non-Contributory) Pension
- Retirement Pension
- Widow's or Widower's (Contributory) Pension
- Widow's or Widower's (Non-Contributory) Pension
- Blind Person's Pension
- Orphan's (Contributory) Allowance
- Orphan's (Non-Contributory) Pension
- Deserted Wife's Benefit
- Deserted Wife's Allowance
- Prisoner's Wife's Allowance
- One-Parent Family Payment

## Send this form to:

Pension Services Office  
Department of Social,  
Community and Family Affairs  
College Road  
Sligo.  
Tel: Sligo (071) 69800  
Dublin (01) 704 3000

- Invalidity Pension
- Disability Allowance
- Family Income Supplement
- Carer's Allowance
- Carer's Benefit

Social Welfare Services Office  
Department of Social,  
Community and Family Affairs  
Ballinalee Road  
Longford.  
Tel: Longford (043) 45211  
Dublin (01) 704 3000

- Child Benefit

Social Welfare Services Office  
Department of Social,  
Community and Family Affairs  
St. Oliver Plunkett Road  
Letterkenny  
Co. Donegal.  
Tel: LoCall 1890 400 400  
Letterkenny (074) 25566  
Dublin (01) 704 3000

## Data Protection and Freedom of Information

The Department of Social, Community and Family Affairs will treat all information and personal data which you give as confidential. It will only be disclosed to other bodies in accordance with Social Welfare law and it will be subject to the Department's responsibilities under the Data Protection Act and Freedom of Information Act.

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