Social Welfare Services
RP 50

Data Classification R

Online application for

Redundancy Payment under the Redundancy Payments Act 1967, as amended

- **Part 1, 3, 4, 5 and 6** must be completed for all applications.
- **Part 2** must be completed if company is in liquidation, receivership, examinership or bankruptcy.

Part 1 Employer's details

1. **Employer's PAYE No.:**
2. **Employer's registered name:**
3. **Trading name:** (if different from above)
4. **Correspondence address:**

County:

Country:

Postcode:

5. **Business sector:**
6. **Reason for redundancy:**

Part 2 Employer Representative details (Liquidator, Receiver, Examiner or Official Assignee)

7. **Employer Representative's PAYE No.:**

8. **Company name:**

9. **Role:** Liquidator ☐ Receiver ☐ Examiner ☐ Official Assignee (Bankruptcy) ☐

10. **Employer Representative's name:**

11. **Address:**

County:

Country:

Postcode:

Part 3 Contact details (Employer or Employer Representative)

12. **Contact's surname:**

13. **Contact's first name(s):**

14. **Telephone number:**

MOBILE

LANDLINE

15. **Email address:**

Part 4 Employee's details

16. Employee's PPS No.:

17. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

18. Surname:

19. First name(s):

20. Date of birth:
D D M M Y Y Y Y

21. Address:

County:

Postcode:

22. Telephone number: MOBILE

LANDLINE

23. Reason for non-payment of statutory redundancy by employer:
- ☐ Bankruptcy
- ☐ Death of Employer
- ☐ Examinership
- ☐ Receivership
- ☐ Employer's inability to pay
- ☐ Liquidation
- ☐ Employer refused to pay

24. Employment address:

County:

Country:

Postcode:

25. Job title:

26. Weekly hours: hours mins

27. PRSI class: Class A ☐ Class J ☐ Class M ☐ (Only if aged over 66) Other (state class)

28. Gross weekly wage: € , .

29. Date of notice of termination:
D D M M Y Y Y Y

30. Proposed date of termination:
D D M M Y Y Y Y

Employee's details

31.Employment start date: D D M M Y Y Y Y

32.Employment end date: D D M M Y Y Y Y

33.If you have had any breaks in service in the three years before employment end date stated in Q.32, please state:

Break in service 1

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Reason:

Break in service 2

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Reason:

Break in service 3

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Reason:

Break in service 4

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Reason:

34.Number of years service: .

35.Number of weeks due (including bonus week): .

36.Statutory entitlement: € , .

Part 5 Payment details

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Address of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Part 6 Declarations (for employer and employee)

Employer declaration

(a) I confirm that all information provided on this form is accurate, and that this employee will not be replaced.

(b) I accept liability to the Social Insurance Fund for the statutory redundancy amount paid to the employee named on this form.

Date: D D M M 2 0 Y Y Y Y

Signature of employer or employer representative (**not** block letters)

Role of Signee:

Employee declaration

(a) I confirm that I have been made redundant by my employer.

(b) Please select **one** of the following:

(i) I have **not** received the statutory redundancy entitlement from my employer. ☐

(ii) I have received **part payment** of my statutory redundancy entitlement from my employer. ☐

Amount received: € , .

(iii) I have received **full payment** of my statutory redundancy entitlement from my employer. ☐

Amount received: € , .

(c) I confirm that all information provided on this form is accurate.

Date: D D M M 2 0 Y Y Y Y

Signature of employee (**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.

Part 7 Checklist

Documentation required to accompany this application.

- **In all cases of liquidation, receivership, examinership & bankruptcy:**
  A Statement of Affairs to confirm that the employer is unable to pay the statutory redundancy amount to this employee.
- **In all cases of liquidation, receivership, examinership & bankruptcy:**
  Form E2/G1/G2/E8/E24/Court Order (as appropriate).
- **In all cases of liquidation, receivership & examinership:**
  CRO Printout showing change of status in company from Normal to Liquidation/E8 Registered/Examinership (as appropriate).
- **In all other cases where the employer is unable to pay the statutory redundancy amount:**
  Supporting financial documentary evidence from accountant or solicitor, e.g. Statement of Affairs/latest Company Accounts, to confirm that the employer is unable to pay the statutory redundancy amount to this employee.
- **If applicable:**
  Copy of determination from Workplace Relations Commission.
- **If one or more transfers under the European Communities (Protection of Employees on Transfer of Undertakings) Regulations (TUPE) applies to this employee, please attach details of same.**
- **Does the period of employment include any periods where the employee was a participant on a Community Employment scheme? If so, please attach details of same.**

Note
If all required documentation is not submitted the claim cannot be processed and will be returned.

Send this completed application form to:

Redundancy and Insolvency Payments Section
Department of Employment Affairs and Social Protection
Ground Floor, Gandon House
Amiens Street
Dublin 1
D01 A361

Web: **www.welfare.ie**

Telephone: (01) 673 4500
LoCall: 1890 800 699

If you are calling from outside the Republic of Ireland please call + 353 1 673 4500

Note
The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

For more information, visit **www.welfare.ie**.
If you have any difficulty in filling in this form, please contact the Redundancy and Insolvency Payments Section at the above address or phone number.

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

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