



An Roinn Coimirce Sóisialaí Department of Social Protection

Ionad Intreo/Oifig Brainse

Intreo Centre/Branch Office

Guthán:

Telephone:

_____20_____

PPS No:

Please quote this number if enquiring about your claim

Dear _____

You have indicated that you or your spouse/civil partner/cohabitant are/were self-employed.
An appointment will be made for you with a Social Welfare Inspector in relation to your claim.

Please answer the questions overleaf and return the completed form within the next 7 days.

An Inspector will contact you with details of your appointment, please bring any supporting documents relating to your self-employment (or that of your spouse/civil partner/cohabitant) with you

If you do not return the form to us within the next 7 days, we will take it that you are no longer interested in continuing with your claim.

Yours sincerely

Deciding Officer

Information in relation to Self-Employment

1. What type of business/trade are/were you or your spouse/civil partner/cohabitant involved in?

2. Does/Did the business trade as a: ☐ Sole Trader? ☐ Limited Company? ☐ Partnership?
3. What is/was the business trading name? _____
4. If it is/was a Limited Company what is/was the registered name? _____
5. If a limited company, who are/were the directors? _____
6. What is/was the business address? _____
7. What is/was the registered address of the company? _____
8. Are/were the premises owned, leased or rented? _____
9. When did the business commence trading? _____
10. What is the current trading position of the business? ☐ Ceased completely ☐ Ceased temporarily
☐ Ongoing but reduced ☐ Seasonal
11. If the business has ceased trading, is it in liquidation? ☐ Yes ☐ No
If yes, please state the name and address of the liquidator

12. Is/was the business registered with the Revenue Commissioners? ☐ Yes ☐ No
13. Is/was the business registered for (please tick as appropriate): ☐ VAT? ☐ RCT? ☐ C2? ☐ C45?
14. Does/did the business have Employer's Liability insurance? ☐ Yes ☐ No
15. If 'Yes' and the business has ceased trading, has this insurance been cancelled? ☐ Yes ☐ No
16. Does/did the business have Public Liability insurance? ☐ Yes ☐ No
17. If 'Yes' and the business has ceased trading, has this insurance been cancelled? ☐ Yes ☐ No
18. If the business is still trading does it have: ☐ Employees? ☐ Sub-contractors?
19. How is/was the business advertised? _____

I state that the information I have provided is true to the best of my knowledge and belief.

Your Signature: _____ Date: _____

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/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data policy is available at www.gov.ie/dsp/privacystatement or in hard copy.