## Social Welfare Services RP 50

# 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	F	lm Rec	plo ei	oy ve	er r, I	Re Exa	pr im	ese ine	en er (	tat or	ive Of	e d fic	eta cial	ail 1 <i>A</i>	s (] Ass	Lic	qui ne	ida e)	ıto	r,
7. Employer Representative's PAYE No.:																				
8. Company name:																				
													1							
9. Role:	Liquidator Receiver Examiner  Official Assignee (Bankruptcy)																			
10.Employer Representative's name:																				
11.Address:																				
County:																				
Country:																				
Postcode:																				
Part 3		Cor Rep						Em	pl	oy	er (	or l	Em	pl	oy	er				
12.Contact's surname:																				
13.Contact's first name(s):																				
14. Telephone number:																				
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	Ι Δ	NI	ום	l N	F															
45 Empil adduces	LA	141	L	1 17	_															
15.Email address:																				

Part 4	I	Em	pl	oy	ee'	s c	let	ail	.S										
16.Employee's PPS No.:																			
<b>17.Title:</b> (insert an 'X' or specify)	Mr.	,		Mrs	5.		Ms			(	Othe	er							
18. Surname:																			
19.First name(s):																			
20.Date of birth:																			
	D	D		M	М		Y	Y	Υ	Y									
21.Address:																			
County:																			
Postcode:																			
22.Telephone number:															M	ОВ	ΙL	Е	
															LA	N	D L	ΙN	Е
23. Reason for non-payment		Bar	ıkru	ptc	y						Emp	oloy	er's	inal	bilit	y to	pa	y	
of statutory redundancy by employer:				of E		oye	er				Liquidation Employer refused to pay								
				ners ersh							Emp	oloy	er re	etus	ed '	to p	ay		
24.Employment address:																			
24.Employment address.																			
County:																		'	_
Country: Postcode:																			
Country:																			
Country: Postcode:			hoi	urs			m	nins											
Country: Postcode: 25.Job title:	Cla	ass A	· —	urs		Cl	m ass.	_		Cla	ass N	A [				Oth	er		
Country: Postcode: 25.Job title: 26.Weekly hours: 27.PRSI class:	Cla	ass A	· —	urs		CI		_		(O	nly i	f ag	ed					lass	)
Country: Postcode: 25.Job title: 26.Weekly hours: 27.PRSI class:	Cla	ass A	· —	urs		CI		_		(O		f ag	ed					lass	)

Part 4 continued	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 Q.32, please state:	in service in the three years before employment end date stated
	Break in service 1
From:	
То:	D D M M Y Y Y Y
Reason:	
From:	Break in service 2
To:	
10.	D D M M Y Y Y Y
Reasons	
	Break in service 3
From:	
То:	D D M M Y Y Y Y
Reason:	
	Break in service 4
From:	
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: €	

## 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):

## Declarations (for employer and employee)

## Employer declaration

(a) I confirm that all information provided on this form is replaced.	accurate,	, and tha	t this e	employ	yee wi	ll not l	be
(b) I accept liability to the Social Insurance Fund for the semployee named on this form.	tatutory ı	redundai	ncy an	nount	paid to	o the	
	Date:				2	0	
		D D	M	M	Y	YY	Υ
Signature of employer or employer representative (not block	etters)						
Role of Signee:							
Employee ded	claratio	n					
(a) I confirm that I have been made redundant by my em	ployer.						
(b) Please select <b>one</b> of the following:							
(i) I have <b>not</b> received the statutory redundancy e	ntitlemer	nt from n	ny em	ployer	:		
(ii) I have received part payment of my statutory re	edundan	cy entitle	ement	from	my en	nploye	er.
Amount received: €							
(iii) I have received <b>full payment</b> of my statutory re	dundanc	y entitle	ment	from n	ny em	ploye	r
Amount received: €							
(c) I confirm that all information provided on this form is	accurate.						
	Date:	D D	M	I M	<b>2</b>	<b>0</b>	Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Signature of employee (not block letters)

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.

OK 02-19

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