**Appendix A - AFFIDAVIT BY A CLAIMANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PPS number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the county of

\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being eighteen years and upward make Oath and say as follows:

1. That the following is a true record of teaching / non-teaching service I gave as a primary / post primary teacher / service as a Special Needs Assistant. (Delete as appropriate).
2. That I have been unable to obtain verification of the following service from the school(s) / employer in which I taught / served / worked or from any other source.
3. That I am aware that it is an offence to make a statement in this affidavit that is false or misleading in any material respect and that I know to be false or misleading. I do not believe that any particulars of fact advanced in this affidavit herein are false or misleading.
4. That I am aware that should the information advanced in this affidavit is shown to be incorrect or false, benefits awarded will be revised and payment of pension may be suspended until any resulting overpayment has been recovered.
5. That I taught / served and provided the following teaching / non-teaching / SNA service as follows:

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***Attach additional records if necessary***

1. That the employment records of this service are not available by reason of :

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1. That I make this declaration conscientiously believing the same to be true pursuant to the provisions of the Statutory Declarations Act, 1938.

Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2 – WITNESS TO SIGNATORY**

Sworn before me by the said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the city / county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me a Commissioner for Oaths / Practicing Solicitor (Delete as appropriate) and that the affiant is known to me / is identified to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me / whose identity has been established by reference to a relevant document \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert particulars of document) containing a photograph.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner for Oaths/ Practising Solicitor

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| Official Stamp |