

## Replacement Safe Pass Card - Letter

Date:

**Re: Application for Replacement of FÁS Safe Pass Registration Card**

Dear Sir or Madam:

I refer to your request for the replacement of your FÁS Safe Pass Registration Card and now enclose an application form for your attention.

In order to process your replacement Safe Pass Registration Card I should be grateful if you would please complete the enclosed application form in full and return it to the FÁS Safe Pass Administration Unit (at the address below), together with one passport sized photograph signed on the back and a replacement card fee of €25.00.

All payment must be received by way of Euro (€) cheque, bank draft or postal order and be made payable to 'FÁS Safe Pass'.

**Important Note:**

Please ensure that your replacement card application form is completed in full as applications can not be processed if information is missing. Incomplete applications will be returned to you for completion.

Yours sincerely,

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**Services To Business Administration**



# CANDIDATE APPLICATION FOR REPLACEMENT SAFE PASS CARD



## Section 1

### Candidate Details *Please use black roller ball pen and block capitals*

Last Name

First Name

Telephone Number *Including area code*  -

PPS Number  Date of Birth  DD  MM  YY

*NOTE: Candidate must be at least 16 years of age*

Safe Pass Number  /  /  /

Address

County



Gender  
 Male  Female

## Section 2

### Candidate's Declaration

I declare that the information given in this form is correct to the best of my knowledge and belief.

Candidate's Signature

Date  DD  MM  YY

Your application must be supported by one passport size photograph, signed on the back.

## Section 3

### For FÁS Use Only

Payment Method:  Cheque  Postal Order  Bank Draft  xxx

### Cheque Details

Date  DD  MM  YY Amount  Account No.

Account Name

Cheque Number

Please return form to:

Safepass Replacement Unit  
Services to Business  
27/33 Upper Baggot Street  
Dublin 4  
Telephone: 1850 66 77 66  
eMail: stbcallcentre@fas.ie