

**Declaration
(continued)**

BY *Declarant's name in bold capitals or typescript*

who is personally known to me

or

who is identified to me by

who is personally known to me

or

whose identity has been established to me before the taking of this Declaration by the production to me of:

Passport no. issued on

by the authorities of

which is an authority recognised by the Irish Government

or National identity card no. issued on

by the authorities of

which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement

or Aliens Passport no. issued on

(document equivalent to a passport)

by the authorities of

which is an authority recognised by the Irish Government

or Refugee travel document no.

issued on by the Minister for Justice and Equality

or Travel document *(other than refugee travel document)*

issued on by the Minister for Justice and Equality

At

This _____ day of _____ 20____

Signature of witness

Form O must accompany Form N.

The address to which Returns, Annual Accounts, Rules, Filing Fees and other documents should be sent is as follows:

*Registry of Friendly Societies, PO Box 12858, Dublin 1.
Telephone: 01-804 5499 Email: rfs@dbei.gov.ie*