Social Welfare Services INV 1 Data Classification R



Invalidity Pension

You need a Personal Public Service Number (PPS Number) before you apply.

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.

If you do not have a spouse, civil partner or cohabitant:

Please fill in **Parts 1 to 4** and **Part 7** as they apply to you. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

Please fill in **Parts 1 to 7** as they apply to you. You must complete **Part 6** fully if you wish to claim an increase for your spouse, civil partner or cohabitant or if you wish to claim an increase for a qualified child. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

Your spouse, civil partner or cohabitant must also sign the declaration in **Part 1** if you are claiming an increase for them and/or your child(ren).

If you need any help to complete this form, please contact your local Intreo Centre, Social Welfare Office, Citizens Information Centre or Invalidity Pension Section.

Telephone: (043) 334 0000

LoCall: 1890 92 77 70

If you are calling from outside of Ireland please call

+ 353 43 3340000

For more information, log on to www.gov.ie

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS Number:	1	2	3	4	5	6	7	T	
			_		_	_	l		

- 2. Title: (insert an 'X' or Mrs. X Mr. specify)
 - Ms. Other M U R Ρ Н Υ
- 3. Surname:
- Α U R Ε Ε Ν M 4. First name(s): 5. Your first name(s) as R Y M Α appears on your birth
- certificate:
- 7. Your date of birth: 2 8 0 2 1 9 7 0

M

C D Ε R M 0 T Т

Ε

6. Birth surname:

- Y D D M M
- 8. Your mother's birth surname:

Contact Details

- 9. Your address:
- 1 Ν Ε W S Т R E Ε T 0 L D Т 0 W Ν 0 Ν Ε G Α L Т o|w|Ν D Ν Ε D 0 G Α L **Post Code**

County

10.Your telephone number:

0 Ν Ε Ν U M В Ε R Ρ Ε R ВО X MOBILE

ON Ε Ν U M В Ε R Ρ Ε R B O X

LANDLINE

- 11. Your email address:
- Ν Ε C Α Α C T Ε Ρ Н R R Ε R 0 X В 0

Application form for

Invalidity Pension





Part 1	Y	οι	ır	OV	vn	de	eta	ils												
1. Your PPS Number:																				
2. Title: (insert an 'X' or specify)	Mr.			Mrs	s. [Ms	s. [C	Othe	r							
3. Surname:																				
4. First name(s):																				
5. Your first name(s) as appears on your birth certificate:																				
6. Birth surname:																				
7. Your date of birth:	D	D		M	M		Υ	Y	Y	Y										
8. Your mother's birth surname:																				
				Cor	nta	ct	De	tail	S											
9. Your address:																				
County										P	ost	Со	de							
10. Your telephone number:															M	0	ВП	LΕ		
															L	ΑN	I D	LΙ	ΝE	
11. Your email address:																				
				D	ес	lar	atio	on												
I/We declare that the information understand that if any of the indisclose any relevant information the department and that I department of any change in many change in ma	form on, t We	atic hat ma	n İ I/W y b	/ mo /We /e v e p	e/us e pr vill rose	s or ovid be i	this de is equ ted. whi	for untired	true I to 'e u may	or repande	mis ay a rtak	lead any ke to	ding pay o im	or me me	if I/' nt I/ diat	We We ely	fail red adv	to ceiv ise	the	
Signature (not block letters)												1			ı				T	7
							[Date	e :							2	0			
Signature from your spouse or civ	/il pa	rtne	r or	coh	abit	ant	(not	block	ς lett	D ers)	D		M	M		Y	Y	Y	Y	

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

Part 1 continued	Your own details
12. Are you?	Single Cohabiting Married In a Civil Partnership Separated A surviving Civil Partner Divorced A former Civil Partner (you were in a Civil Partnership that has since been dissolved)
13. If you are married, in a civil partnership or cohabiting, from what date?	D D M M Y Y Y Y
14. What country were you born in?	
15. Do you live on an island off the coast of Ireland? If Yes, please state:	Yes No
Name of this island:	
Date you started living on the island:	D D M M Y Y Y Y For more information and a list of islands, log on to www.gov.ie.
16. What is your illness or incapacity?	
17. What date did this illness or incapacity start?	D D M M Y Y Y Y
Part 2	Your work and claim details
18. Are you employed at prese	nt?
If Yes, please state: Employer's name:	
Employer's address:	
County	Post Code Post Code
Type of work:	

Page 2 23456781



Part 2 continued	Your work and claim details
19. Are you or have you been s	self-employed?
,	Yes No
If Yes, please state:	
Type of work you do/did:	
Registered number of business:	
Dates of self- From: employment:	
To:	
	D D M M Y Y Y Y
Net yearly earnings: €	a year
This is the money you have r	made from self-employment after deducting operating expenses.
20. Where did you last work?	
Employer's name:	
Employer's address:	
County	Post Code Post Code
Job title:	
Dates you From:	
worked there: To:	
	D D M M Y Y Y Y
	n the last year you must send in a letter from your last employer, worked OR a P45 if you have ceased employment.
Are you related to this employer?	Yes No
If Yes , please state:	
How are you related:	
21. Are you getting any payme Supplementary Welfare All	nt from this department or the Health Service Executive (including owance)?
	Yes No
If Yes , please state : Name of payment:	
Amount: €	, a week



Your work and claim details

22. If you are not getting a payment, are you signing for 'credits', or are you sending certificates for 'credits'?	j in med	dical
Yes No		
'Credits' are special contributions, similar to PRSI contributions, that the departm people claiming certain social welfare payments. These 'credits' help to protect e benefits and pensions in the future.		
If Yes , please continue to do so until you receive further notice.		
23. Are you getting a social security payment from another country?		
Yes No		
If Yes , please state:		
Name of country:		
Your claim or reference number:		
Amount: € , a week		
Please attach the most recent payslip or letter from the Social Security Agency of above amount.	confirm	ing the
24. Are you getting any other pension (private or occupational) from Ireland or from country?	anothe	er
Yes No		
If Yes , please state:		
Who pays this pension:		
Your claim or reference number:		
Amount: € , a week		
Please attach the most recent payslip or letter from the people who pay you con above amount.	ıfirming	j the

Your work and claim details

as it applies to you and gi					
., ,		,		ou <u>started</u> :	
Community employment:	Yes	☐ No			
			D D	M M	YYYY
Rural Social Scheme:	Yes	☐ No			
			D D	M M	YYYY
Area-Based Initiative:	Yes	No			
	<u> </u>		D D	M M	YYYY
Back to Work Scheme:	Yes	No			
			D D	M M	YYYY
Vocational Training	Yes	No			
Opportunities Scheme:			D D	M M	YYYY
Back to Education	Yes	No			
Allowance:			D D	M M	YYYY
Community Services	Yes	□ No			
Programme:		140	D D	M M	YYYY
001.40	Yes	No			
SOLAS course or schemes:	163		D D	M M	YYYY
Cabaal or callaga:	□ Vos	□ No			
School or college:	Yes	No	D D	MM	YYYY
			Б Б	IVI IVI	1 1 1 1
Other course or scheme:	Yes	No			
If Yes , please state:					
•					
Name of course or scheme:					
Date you started: From:					
To:					
10.		M M Y	YYY		
How much you get paid for do	ning this ecl				
_					
€	·		a week		



Your work and claim details Part 2 continued 26. Have you ever lived or worked outside of Ireland? Yes If Yes, please give details below. We will notify other countries covered by EU Regulations or Bilateral Agreements that you may be entitled to a pension from them. Country 1 Country: Employer's name: Your address while living/ working there: County **Post Code** Your social insurance number while there: Dates you From: worked there: To: D M M Type of work: **Note:** A separate sheet of paper can be used for more details if needed. 27. Do you own, share in the ownership of a farm or land? Yes Nο If **Yes**, please state: Size of farm or land: acres Do you work the farm or Yes No land? 28. If you own or share in the ownership of a farm or land but do not work it, please state who works the farm or land: Their surname: Their first name(s): Their address: County **Post Code**

Note: Please provide a written declaration from the above named confirming they are working the land.

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Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

		I	Fin	an	cia	d Ir	nst	itut	tior	1										
You will find the following de	etail	ls p	rinte	ed c	n s	tate	me	nts	fror	n yo	our	fina	ncia	al in	stitu	utio	n.			
Name of financial institution:																				
Address of financial																				
institution:																				
County										Р	ost	Co	de							
Bank Identifier Code (BIC):																	•	•		
International Bank Account																				
Number (IBAN):															<u> </u>					
Name(s) of account holder(s):																				
Name 1:																				
Name 2 (if any):																				
				Р	os	t C	ffic	е												
Post office name and address:																				
County										Р	ost	Co	de							
If you are unable to collect or c	ash or y	yo ou,	ur p ple	ayn ase	nen cor	t at	the ete	pos the	st o	ffice owir	an ng:	d y	ou \	wan	t sc	me	one	els	e.	
Your agent's name:																				
Your agent's address:																				
County										P	ost	Co	de							
								Da	ate:								2	0		
											D	D		M	M		Y	Y	Y	Y
Your Signature (not block letters) I agree to act as agent for the	ner	son	nar	ned	l in	Par	† 1 2	and	lar	n a	war	ല വ	f mv	/ oh	lina	tion	ıs F	-or		
more information, log on to ww					. 111	. ai	 	ai iU	ıaı	a	vvai		· ···)	, JD	ya 	_				
								Da	ate:		D	D	L	M	M		2	0		
Signature of agent (not block letter	s)											_		I W I	141		1		" F	age 7

P	a	rt	4

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Details of your qualified child(ren)

Note - You must complete Part	6 fully if v	ou are	e clair	ming ar	n inci	eas	se fo	or v	our	gua	lifie	d ch	ild(ı	en)			
29. Do you wish to apply for qualified child(ren)?	Ye			No				,		•			`	,			
If Yes , how many children	do you v	vish to	clai	m for?													
		unde	r age	: 18													
		age 1	18 - 2	22 in fu	III-tin	ne e	edu	cat	ion								
Please state child's:	Child 1																
Surname:																	
First name(s):																	
PPS Number:																	
Date of birth:																	
	D D		M	Y	Y	Y	Y										
Curnomo	Child 2	<u> </u>															
Surname:														<u> </u>			
First name(s):																	
PPS Number:																	
Date of birth:	D D	D/I	M	V	Y	V	V										
	D D Child 3		IVI	Ĭ	ĭ	Ĭ	ĭ										
Surname:																	
First name(s):																	
PPS Number:																	
Date of birth:																	
			M	Y	Y	Y	Y										
Surname:	Child 4	•					1										
														<u> </u>			
First name(s):																	
PPS Number:																	
Date of birth:	D D	IVI	M	Y	Y	Y	V										
You must attach written c					-	-	leg	e fo	or th	е с	hild	ren	age	ed 1	18 -	22.	
Note: A separate sheet of							_						_				
60. Are all of these children living with you?	Ye	S		No													
If No , you can use a separ	ate shee	t of pa	per	for the	deta	ails.											
age 8 31234567																	

Part 5	Y	O l	ır s	spo	ous	se'	s, c	ivi	l p	art	ne	r's	or	CO	ha	bit	an	t's	de	tai
31. Their PPS Number:																				
32. Title: (insert an 'X' or specify)	Mr.]	Mrs	s. [Ms	s. [1	C	Othe	er							
33. Their surname:																				
34. Their first name(s):																				
35. Their birth surname:																				
36. Their date of birth:																				
	D	D		M	M		Y	Y	Y	Y										
37. Their mother's birth surname:																				
38. Their address:																				
Only answer this question if you are married or in a																				
civil partnership and do																				
not live together. County										Р	ost	Co	de							
Part 6				_			e's S W	•		-						ils	•			
Part 6 MUST be complete cohabitant and/or child(ren) so, the rate payable. If you	. Thi	is ir	ıfor	mati	ion	is re	equi	red	to c	leci	de i	f yo	u ha	ave				•		
39. Do you wish to claim an in	crea	se Ye		you	r, s	_	se, No	civil	l pa	rtne	er oi	r co	hab	itan	t?					
40. Are they employed at present? If Yes , please state:		Ye	es				No													
Their employer's name:																				
Their employer's																				
address:																				
County										Р	ost	Co	de							
Type of work:																				
Gross income: €									yea	ar to	da	ate					•		,	·
_	Ple	ase	at	tac	h 4	of t	hei	 r m	•				ysli	ps.						
Number of weeks worked:			1	ear t								•		-						



Your spouse's, civil partner's or Part 6 continued cohabitant's work and claim details 41. Are they currently Yes No self-employed? If **Yes**, please state: Type of work they do/did: Date self-employment started: YYY M M Net weekly earnings: a week This is the money they have made from self-employment after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts. **42.** Are they getting or have they applied for any payment(s) from this department or the Health Service Executive? Yes No If **Yes**, please state: Who pays this pension: Name of payment: € Amount. a week **43.** Are they getting a social security payment from another country? Yes No If **Yes**, please state: Type of pension: Name of country: Their claim or reference number: a week Amount: Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount. 44(a). Are they getting any other pension (private or occupational) from Ireland? No Yes If **Yes**, please state: Type of pension:

Who pays this pension:

Their claim or reference number:

Amount: € a week

Please attach the most recent payslip or letter from the people who pay them confirming the above amount.

Your spouse's, civil partner's or cohabitant's work and claim details

44(b). Are they getting any c	ther pension ((private or occu _l	pational) from	another co	untry?	
If Vac places state:	Yes	☐ No				
If Yes , please state: Type of pension:						
Who pays this pension:						
Their claim or reference number:						
Amount:	€		a week			
Please attach the most reabove amount.	ecent payslip	or letter from the	e people who	pay them c	onfirming the	
45. Are they taking part in ar as it applies to them and						
			Date the	y started:		
Community employment:	Yes	No				
			D D	M M	YYYY	
Rural Social Scheme:	Yes	No				
			D D	M M	YYYY	
Area-Based Initiative:	Yes	No				
			D D	M M	YYYY	
Back to Work Scheme:	Yes	No				
			D D	M M	YYYY	
Vocational Training	Yes	No				
Opportunities Scheme:			D D	M M	YYYY	
Back to Education	□ Voo	□ No				
Allowance:	Yes	No	D D	M M	YYYY	
Community Services	□ Vaa	□ No		141 141		
Programme:	Yes	No	D D	M M	YYYY	
	□ Vaa	□ No		141 141		
SOLAS course or schemes:	Yes	No	D D	M M	YYYY	
0				IVI IVI		
School or college:	Yes	No		24 24		
Other course or scheme: If Yes , please state:	Yes	☐ No	D D	M M	YYYY	
Name of course or scheme:						
Date they started: From	ı.					
·						
To:						
		M M Y Y	YY			
How much they get paid for	_	eme or course:				
•	€ .		a week			



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Your spouse's, civil partner's or cohabitant's work and claim details

46.Do they own, rent or shar	e in	the	ow	ner	shi	ро	f a	far	m d	or la	and	?								
		Yes	3] N	Ю													
If Yes , please state: Is this farm or land jointly owned		Yes	S] N	Ю													
Size of farm or land:				а	cre	s														
Net yearly income from farm or land: Net yearly income is money expenses. Please provide of																				
47. Do they own stocks, share insurance policies) or inves		nts	in Îr			or a	not					o-op	o, aı	าทน	ities	s, bo	ond	S,		
ICM I		Yes	3] N	10													
If Yes , please state: Name of company:																				
Number of shares held:																				
Total value per share: €].[
Are the stocks/shares jointly owned?		Yes	6] N	10					e at s an								N
Do they own any other shares?		Yes	3] N	Ю													
If Yes , please give details o	n a	sepa	arat	e sl	nee	t of	ра	per	•.											
48. If their farm or land is let, p	leas	e sta	ate ı	net	yea	arly	inc	om	e fr	om	lett	ing:								
Net yearly income: €			ı																	
Note: Please provide a writ	ten o	decl	arat	ion	cor	nfirr	min	g a	mo	unt	of y	ear/	ly re	enta	ıl ind	con	ne.			
 Do they have savings or ac other financial institution in 										uildi	ing	soc	iety	, cre	edit	uni	on	or a	ny	
		Yes	6] N	Ю													
If Yes , please state:	Fina	anci	al Ir	nsti	itut	ion	1													
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Number (IDAN).																				
Current balance: €			<u> </u>									•								
Is this account a joint account?		Yes	3] N	10													
Name(s) of account holder(s):			<u> </u>	<u> </u>	1	ı		1		Ι		1					1		
Name 1:																				
Name 2 (if any):																				
Page 12							111 11													

Your spouse's, civil partner's or cohabitant's work and claim details

	FIN	ancia	II Ins	titu	tioi	n 2												
Name of financial institution:																		
Bank Identifier Code (BIC):																		
International Bank Account																		
Number (IBAN):																		
Current balance: €],[[l				I				
Is this account a joint account?		Yes				No												
Name(s) of account holder((s):					_			1								 	, ,
Name 1:																		
Name 2 (if any):																		
Please attach an original state	emen	nt for e	ach a	acco	unt,	sho	win	g tra	nsa	ctio	ns fo	or th	e las	st 6	mor	iths.		
Do you have any other accounts?		Yes				No												
If Yes , please give details of	on a	sepa	rate	she	et o	of pa	per											
50. Do they own or share in th	e ow	ners	hip o	f pro	оре	rty a	apa	rt fr	om	thei	r ho	ome	?					
		Yes				No												
If Yes , please state:							1		1		1	ı		ı		ı	 	
Type of property:																		
Is this property jointly owned?		Yes				No												
Name(s) of property owner	(<u>s):</u>					_		1		r							 	, ,
Name 1:																		
Name 2 (if any):																		
Address of property:																		
Property would be an																		
apartment, business property, another house or land other																		
than that mentioned county at question 46.									Р	ost	Co	de						
Is this property rented out? If 'Yes', please state:		Yes				No												
Rent from this property: €		,					a	a we	eek									
Current market value: €		,		,[
Outstanding mortgage € on property:		,		,[•										



If mortgaged please attach a recent statement from lending institution.

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Your spouse's, civil partner's or cohabitant's work and claim details

51. Do they own or share in th	e ownership of any other properties?				
	Yes No				
Note: A separate sheet of paper	er can be used for details of any additional properties that they have.				
52. Do they have a room let in	the property they are currently residing in?				
K Van ulaasa stata.	☐ Yes ☐ No				
If Yes , please state: Rental income: €	a week				
	Please provide documentary evidence.				
Is this property jointly owned?	Yes No				
53. Are they paying maintenance?	☐ Yes ☐ No				
If Yes , please state the nar	me of the person that they pay the maintenance to:				
Surname:					
First name(s):					
Amount: €	a week				
	Please provide a copy of the maintenance agreement.				
54. Are they receiving maintenance?	Yes No				
If Yes , please state the name of the person that pays the maintenance:					
Surname:					
First name(s):					
Amount: €	a week				
	Please provide a copy of the maintenance agreement.				
55. Do they have any other income?	Yes No				
If Yes , please give details in	cluding source of income and weekly earnings in the space provided:				

Note: A separate sheet of paper can be used for more details if needed.

Part 7

Other payments

Living Alone Increase

You may get a Living Alone Increase if you are getting an Invalidity Pension and live alone or
mainly alone. For more information, log on to www.gov.ie .

56. Do you wish to claim a Living Alone Increase?

Yes No

If Yes, please state date you started living alone or mainly alone:

YYY M M

Household Benefits Package

You may qualify for the Household Benefits Package, which is made up of 2 allowances:

- **Electricity or Gas Allowance**
- Free Television Licence

For more information on extra benefits available to pensioners, log on to www.gov.ie.

Fuel Allowance

This allowance is means tested and is subject to your household composition.

57 . [Do you	wish to	o apply	/ for a	Fuel A	llowance?	
---------------	--------	---------	---------	---------	--------	-----------	--

Yes No

If **No**, please go to Part 8.

If **Yes**, please complete fully the remainder of this section. Do not leave any question blank. If no income, please enter 0 in each box.

58. Your details:

Gross weekly income:	€, a week
	Please provide documentary evidence from all sources of income.
Total savings/ investments:	€
	Please provide documentary evidence of all of these savings and investments.
Value of property:	€ , , , , , , , , , , , , , , , , , , ,

(other than lamily nome)

Please provide documentary evidence of all other properties you have including address and valuation.

Rent from all property: (other than family home)

a week

Please provide documentary evidence of all rents from other property.

Farm Income (net yearly income from farm/land)

€

'Net yearly income' is money you have made from the farm or land after deducting operating expenses.

Please provide documentary evidence such as the last available copy of accounts.

Have you any other income such as maintenance:

Yes No

If **Yes**, please provide documentary evidence.



Other payments

You must also complete Q 59 about ALL the people living with you including your spouse, civil partner or cohabitant if you haven't completed Part 6 fully. If they have no income please put a 0 in the amount boxes.

59.	The	following	people	live	with	me:
-----	-----	-----------	--------	------	------	-----

		Person 1 living with me
Name:		
PPS Number:		
Gross weekly income:	€	a week
Total savings/ investments/property value: (not family home)	€	
Profit from business:	€	a year
		Person 2 living with me
Name:		
PPS Number		
Gross weekly income:	€	, a week
Total savings/ investments/property value: (not family home)	€	
Profit from business:	€	a year
		Person 3 living with me
Name:		
PPS Number:		
Gross weekly income:	€	, a week
Total savings/ investments/property value: (not family home)	€	,
Profit from business:	€	a year

Note: You may be asked to supply documentary evidence of all income.

Have you enclosed the following?

- Your P60.
 (if you worked in the last full tax year).
- A letter from your last employer confirming your last date of employment or a P45 if you have ceased employment.
- If you have been in self employment, a letter from Revenue confirming the date that selfemployment ceased.
- If you are claiming fuel allowance please provide statements from all financial institutions showing the last 6 months transactions and the name and address of the account holder(s). (if you or your spouse, civil partner or cohabitant have money or investments in a financial institution).
- Advice slips from any pensions you or your spouse, civil partner or cohabitant are receiving.
- Letter from school or college.
 (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education).
- If you are claiming an increase for your spouse, civil partner or cohabitant and/or children please provide statements from all financial institutions in their name or jointly held.

If you were born, married or entered into a civil partnership or a civil union outside of Ireland:

- Your birth certificate.
- Your marriage certificate or civil partnership or civil union registration certificate.
- Your spouse's, civil partner's or cohabitant's birth certificate. (if applying for an increase for them).
- Your child(ren)'s birth certificate(s).
 (if applying for an increase for them).

Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Remember to send in all the certificates and documents with this application, or say that you will send them later.

Make sure that you supply all information required in this form.

Please remember to sign the Declaration in Part 1.

Your spouse, civil partner or cohabitant must also sign the declaration in Part 1 if you are claiming an increase for them and/or your child(ren).

If you have any difficulty in filling in this form, please contact your local Intreo Centre, Social Welfare Office or Citizens Information Centre.



Send this completed application form to:

Department of Social Protection
Invalidity Pension Claims Section
Social Welfare Services
Government Buildings
Ballinalee Road
Longford

Telephone: (043) 334 0000 LoCall: 1890 92 77 70

If you are calling from outside of Ireland please call + 353 43 3340000

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

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 and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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