

# Pharmacist Third Country Qualification Recognition (TCQR) Application Fee Payment Form

## Stage 1

This form is for use only with Pharmacist Third Country Qualification Recognition (TCQR) Stage 1 applications.

- The application fee must be paid by **electronic funds transfer (EFT)/bank transfer**.
- Payment by credit or debit card is not accepted for this application type. Do not send card details by email under any circumstances. Do not post cheques or bank drafts, these payment methods are not accepted.
- Once the fee has been paid, please complete the relevant sections below and return this form to the PSI by email to [financeteam@psi.ie](mailto:financeteam@psi.ie).
- Refunds will not be issued at any point in the process.

**NOTE:** At the point of making an application, only the stage 1 fee of €500 is payable. **Payment of the stage 2 fee at this point is not required and will be returned unprocessed.**

Application Type and Fee	
Application Type	Fee Due €
Stage 1: Application Fee	€500.00

**Please note:** All bank charges or transfer fees must be paid by the sender in addition to the Stage 1 application fee of €500. If the full amount of the application fee is not received, this will result in delays in processing your application.

Section 1: Payment of Application Fee	
Applicant Name:	

## Section 2: Bank Transfer/EFT Details

### IMPORTANT INFORMATION:

1. If you are making payment by bank transfer, you must complete this section of the form.
2. In order to identify your application fee payment, you must use a unique payment reference that corresponds directly to information in Section 2 above. General references such as "PSI", "TCQR" or "First Registration" will not be accepted.
3. If the PSI cannot identify your application fee payment, your application will be delayed.
4. Please ensure that the full application fee is paid in Euro (€). **The payer is responsible for all bank charges or fees incurred during the transaction.** If the full amount of the application fee is not received, this will result in delays in processing your application.
5. We strongly recommend that you consult with your bank in advance to confirm the total amount to transfer, including any applicable charges, to ensure the correct application fee reaches our bank account in full.

PSI Bank Details:

**Bank Name and Address:** AIB - 1-4 Baggot Street Lower, Dublin 2

**Account Name:** The Pharmaceutical Society of Ireland

**IBAN:** IE44 AIBK 9310 1264 8400 53

**BIC:** AIBKIE2D

Payer name (individual or company name):

Payment reference (See Number 2 above):

Amount paid (in Euro only): €

Date paid:

Contact person name:

Contact telephone number:

**Please return the completed form by email only to: [financeteam@psi.ie](mailto:financeteam@psi.ie)**

**The Pharmaceutical Society of Ireland**

**Phone:** (01) 2184000

**Fax:** (01) 2837678

**Website:** [www.PSI.ie](http://www.PSI.ie)

**Data Protection:** The PSI takes its data protection obligations seriously. All personal information submitted by you will be treated in accordance with Data Protection legislation. Please review the [Data Protection Statement](#) on our website for details of our use of your information and your rights in relation to this.