



STATUTORY INSTRUMENTS.

**S.I. No. 162 of 2012**



RESIDENTIAL TENANCIES ACT 2004 (PRESCRIBED FORM)  
REGULATIONS 2012

**(Prn. A12/0825)**

S.I. No. 162 of 2012

RESIDENTIAL TENANCIES ACT 2004 (PRESCRIBED FORM)  
REGULATIONS 2012

I, PHIL HOGAN, Minister for the Environment, Community and Local Government, in exercise of the powers conferred on me by section 8 of the Residential Tenancies Act 2004 (No. 27 of 2004) (as adapted by the Environment, Heritage and Local Government (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. 193 of 2011), hereby make the following regulations:

1. These Regulations may be cited as the Residential Tenancies Act 2004 (Prescribed Form) Regulations 2012.
2. The form set out in the Schedule to these Regulations is prescribed for the purposes of section 134(3) of the Residential Tenancies Act 2004.

*Notice of the making of this Statutory Instrument was published in  
"Iris Oifigiúil" of 25th May, 2012.*

Schedule

Regulation 2

**Form PRTB1**

Important! This form should be completed in BLOCK CAPITALS using BLACK ink. Write clearly and stay within the boxes. Use only one character per box. Place **X** in the appropriate box(es) to indicate your choices.  
Please ensure you have read the notes attached to this form.

**Section 1 - Application Type (see Note 1)**

1. Registration      New       Further Part 4

2. \*Previous RT No.     

3. Enforcement Ref:     

**Section 2 - Details of the Dwelling (see Note 2)**

4. \*Address of the rented dwelling:  
(include unit number if the property is let in 2 or more units)

County     

5. \*Dwelling Type: Whole of House       Part of House       Maisonette       Apartment       Flat       Bedsit

6. \*Property Type (if the dwelling type selected above is "Whole of House", "Part of House" or "Maisonette" place x in the box to indicate the property type)

Semi Detached       Detached House       Terraced

7. \*No. of Bedrooms             8. \*No. of Bed Spaces             9. \*No. of Occupants     

10. \*Approximate Floor Area in Square Metres               11. BER Cert Y/N:       12. BER Rating: (if Y):

13. \*Local Authority in which rented dwelling is located     

**Section 3 - Details of the Tenancy (see Note 3)**

14. \*If a lease agreement applies to this tenancy please indicate the      Months:        Years:

(D D / M M / Y Y Y Y)

15. \*(a) Tenancy Commencement Date:        /   /

(b) Date tenancy ended (if applicable)        /   /

16. \*Sub-Letting: If this tenancy is a sub-letting place x in the box

17. \*Rental Amount:      €       .        18. Deposit:      €       .

19. \*Frequency of      Weekly       Monthly       Annually

20. \*Charges (incurred by      Electricity       Oil       TV Licence       Waste       Gas       Other

Details of other charges:     

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Bord Um Thionóntachtaí Cónaithe Priobháideacha  
Private Residential Tenancies Board

Bord Um Thionóntachtaí Cónaithe Priobháideacha  
Private Residential Tenancies Board  
PO Box 11884  
Dublin 2  
Tel: +353 1 6350600  
Fax: +353 1 6350601  
E-mail: registrations@prtb.ie

2727415266

**Section 4A - Landlord Details (see Note 4A)**

If you wish to enter a company name please do so using the first name and surname fields

21. Landlord - Name and Contact Details Individual:  Company:

\*First Name:

\*Surname:

\*Address:

\*County:

\*Country:

Telephone:

Mobile:

Email:

\*PPSN:  \*CRO Reg. No:

22. Landlord - Name and Contact Details Individual:  Company:

\*First Name:

\*Surname:

\*Address:

\*County:

\*Country:

Telephone:

Mobile:

Email:

\*PPSN:  \*CRO Reg. No:

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If you wish to enter a company name please do so using the first name and surname fields

23. Landlord - Name and Contact Details

Individual:  Company:

\*First Name:

\*Surname:

\*Address:

\*County:

\*Country:

Telephone:

Mobile:

Email:

\*PPSN:  \*CRO Reg. No:

24. Landlord - Name and Contact Details

Individual:  Company:

\*First Name:

\*Surname:

\*Address:

\*County:

\*Country:

Telephone:

Mobile:

Email:

\*PPSN:  \*CRO Reg. No:

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**Section 4B - Tenants (see Note 4B)**

<b>25. Tenant</b>	<p>*First Name: <input type="text"/></p> <p>*Surname: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>*PPSN: <input type="text"/> <input type="checkbox"/> If tenant has no PPSN or you have made a reasonable effort to obtain it but it has not been provided, place x in the box</p>
<b>26. Tenant</b>	<p>*First Name: <input type="text"/></p> <p>*Surname: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>*PPSN: <input type="text"/> <input type="checkbox"/> If tenant has no PPSN or you have made a reasonable effort to obtain it but it has not been provided, place x in the box</p>
<b>27. Tenant</b>	<p>*First Name: <input type="text"/></p> <p>*Surname: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>*PPSN: <input type="text"/> <input type="checkbox"/> If tenant has no PPSN or you have made a reasonable effort to obtain it but it has not been provided, place x in the box</p>
<b>28. Tenant</b>	<p>*First Name: <input type="text"/></p> <p>*Surname: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>*PPSN: <input type="text"/> <input type="checkbox"/> If tenant has no PPSN or you have made a reasonable effort to obtain it but it has not been provided, place x in the box</p>
<b>29. Tenant</b>	<p>*First Name: <input type="text"/></p> <p>*Surname: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>*PPSN: <input type="text"/> <input type="checkbox"/> If tenant has no PPSN or you have made a reasonable effort to obtain it but it has not been provided, place x in the box</p>

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**Section 5 - Details of the Landlords Authorised Agent (see Note 5)**

If you wish to enter a company name please do so using the first name and surname fields

30. Landlord Authorised Agent Individual:  Company:

\*First Name:

\*Surname:

\*Address:

\*County:

\*Country:

Telephone:

Mobile:

\*CRO Reg. No:

\*PPSN:

Licence No:

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THIS SECTION IS ONLY FOR USE WHERE THE RENTED DWELLING IS AN APARTMENT IN AN APARTMENT COMPLEX

**Section 6 - Management Company (see Note 6)**

**31. Apartment Blocks/Complexes Only**

\*Name:

\*Address:

\*County:

\*Country:

Telephone:

\*CRO Reg. No:

**32. Management Agent**

If you wish to enter a company name please do so using the first name and surname fields

Individual:  Company:

First Name:

Surname:

Address:

County:

Country:

Telephone:

Mobile:

CRO Reg. No:

PPSN:

**Section 7 - Form Submission Details (see Note 7)**

Fee Type included (Place x in the box) Standard  Late  Composite  No Fee

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**Section 8 - Payment by Credit/Debit Card (see Note 8)**

If you wish to pay your registration fee by credit/debit card please complete the details below:

Card Type: (Place x in the box)    Visa     Mastercard     Laser

Cardholder:

Address:

County:

Mobile:

Card No:

(M M / Y Y)

Expiry Date:  /

CVV/CVS:  (last 3 numbers on the back of card)

Please debit my account by €

Cardholder Signature:

(D D / M M / Y Y Y Y)

Date:  /  /

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Section 134 of the Residential Tenancies Act 2004 provides that a tenancy of a dwelling must be registered by a landlord, or an agent authorised to act on his or her behalf.

**Please keep a copy of form as submitted & proof of postage to the PRTB for your own records**

### Checklist

Before posting this form to the PRTB, please place an x in the box(es) to confirm that:

- Each tenant has provided his or her PPSN
- If a PPSN has not been provided by a tenant, you have indicated
- The tenant has no PPSN
  - OR
  - You have made a reasonable effort to obtain it but it has not been provided
- PPSN or CRO of Landlord & PPSN or CRO of Agent (if any) is on the form
- You have enclosed a cheque, postal order or bank draft for the correct amount (see Note 7) and made it payable to the PRTB or provided your credit/debit card details at Part 8.

You have completed all of the relevant sections:

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Section 1  | <input type="checkbox"/> Section 7 |
| <input type="checkbox"/> Section 2  | AND IF APPROPRIATE                 |
| <input type="checkbox"/> Section 3  | <input type="checkbox"/> Section 5 |
| <input type="checkbox"/> Section 4A | <input type="checkbox"/> Section 6 |
| <input type="checkbox"/> Section 4B | <input type="checkbox"/> Section 8 |

**Please note that all fields marked with an asterix \* are mandatory and must be completed in order to submit a valid application for the registration of a tenancy. An incomplete application cannot be processed through to registration.**

Please note that it is an offence to knowingly or recklessly furnish false or misleading information in a material respect when submitting an application to register a tenancy or submitting updated information in respect of a registered tenancy.

If found guilty a person shall be liable on summary conviction to a fine of up to €4,000 or, a term of imprisonment of up to 6 months, or both.

Registration data collected by the Private Residential Tenancies Board (PRTB) will be used in accordance with the provisions of the Residential Tenancies Act 2004 and any other relevant legislation and for statistics and policy research purposes.

**Please return this PRTB registration form with fee by post to Registrations, Private Residential Tenancies Board, PO Box 11884, Dublin 2.**



GIVEN under my Official Seal,  
15 May 2012.

PHIL HOGAN,  
Minister for the Environment, Community and Local  
Government.

EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation)*

These Regulations prescribe the form to be used when making an application to the Private Residential Tenancies Board to register the tenancy of a dwelling.

BAILE ÁTHA CLIATH  
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR  
Le ceannach díreach ón  
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,  
TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2,  
nó tríd an bpost ó  
FOILSEACHÁIN RIALTAIS, AN RANNÓG POST-TRÁCHTA,  
AONAD 20 PÁIRC MIONDÍOLA COIS LOCHA, CLÁR CHLAINNE MHUIRIS,  
CONTAE MHAIGH EO,  
(Teil: 01 - 6476834 nó 1890 213434; Fax: 094 - 9378964 nó 01 - 6476843)  
nó trí aon díoltóir leabhar.

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