



Application for Repayment of PRIZE BONDS

Note – Prize Bonds cannot be repaid until 3 months after they were purchased

CUSTOMER(S) DETAILS

Please read the notes overleaf before completing this form

(1) Title	First Name(s)	Surname	Contact Telephone Number

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Club/Society (if applicable) _____

Address (If address differs from registered account address, please complete Panel B overleaf) _____ Prize Bond Customer A/c No. _____

REPAYMENT INSTRUCTION

I / We, the holder(s) of the **enclosed** PRIZE BONDS request repayment of € _____ , _____ , _____ - _____ = _____ units

Please pay using the following method - (Please select one option only)

Crossed Cheque payable to me / us at my / our registered account address

or Credit to my / our bank account Sort Code _____ Bank Account Number _____

Name of Bank _____ Address of bank _____

or Use the repayment amount to purchase new Prize Bonds

The Serial Number(s) of the enclosed Prize Bonds are as follows - (please keep a note of the serial numbers)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Prize Bonds purchased since 1 Jan 2002 are denominated in units of €6.25 but prior to that the unit value was €6.35

THIS SECTION MUST BE SIGNED

Signature's of **ALL** Prize Bond holders(s) required.

Bond Holder or Parent Guardian Bond Holder or Parent Guardian

Date of Birth of Bond Holder Date of Birth of Bond Holder

DDMMYYYY DDMMYYYY

Signature (1) _____ Signature (2) _____

Date _____ Date _____

DDMMYYYY DDMMYYYY

NOTE:

- In the case of a club / society / company two current officials must sign.
- If bondholder is under 18 years then this form must be signed by both parents/guardian.
- If the Prize Bond holder is less than 7 years please state the Date of Birth and the form should be signed by both Parents/Guardians
- All Bondholders should provide Date of Birth.

OFFICIAL USE ONLY

Investment doc. included: <input checked="" type="checkbox"/>	Signature check: _____	Batch no: _____	Reference no. _____
CHC: _____	Date repaid: _____	Data verified: _____	Number if /Units _____
All additional doc. included: <input checked="" type="checkbox"/>	Date entered: _____	Payment authorised: _____	Total € _____

