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# Ireland State Savings®
NATIONAL TREASURY MANAGEMENT AGENCY

## Application for Repayment of:

☐ Childcare Plus Savings
☐ Childcare Save Account
☐ Statement Based Deposit Account
☐ Instalment Savings
☐ National Solidarity Bond (Issues 1-4 only)
☐ Pension Save Account
☐ State Savings Account

## CUSTOMER(S) DETAILS - Any field containing * is a mandatory field and must be completed

***Please read the notes overleaf before completing this form.***

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

(2) Title* | First Name(s)* | Surname* | Contact Telephone Number*

(3) Title* | First Name(s)* | Surname* | Contact Telephone Number*

Address* *(If address differs from registered account address, please ensure Panels A and B are completed overleaf)*

Eircode

## REPAYMENT INSTRUCTION

***Please note that a separate application is required for each repayment request***

I / We, the holder(s) of Account No:* request:

*(please place an X in **ONE** option only)**

☒ The full value

**OR**

☒ Partial repayment of € , , -

**OR**

☒ Close account

**Do you wish to defer repayment if additional interest is due on your savings within a period of 30 days?*** ☒ Yes **OR** No ☒

## THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL SAVER(S) - see note 1

I/We, the saver(s), verify the repayment instruction specified above and declare that all parties to this account are alive and accept the use of the PPSN for customer identification.

Signature 1* | Date of Birth* (D D M M Y Y Y Y) | PPSN* | Date* (D D M M Y Y Y Y)

Signature 2* | Date of Birth* (D D M M Y Y Y Y) | PPSN* | Date* (D D M M Y Y Y Y)

Signature 3* | Date of Birth* (D D M M Y Y Y Y) | PPSN* | Date* (D D M M Y Y Y Y)

**Nominated Parent/Guardian where account holder is a minor (aged less than 18) - See note 1**

First Name(s) | Surname | Signature

## OFFICIAL USE ONLY

CHC: ☒

All additional doc. included: ☒

Signature check: _____

Date repaid: _____

Principal: € _____

Interest: € _____

Total: € _____

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## PANEL A CHANGE OF ADDRESS ON ACCOUNT - see notes 2 and 3

I / We, request you to amend my/our address as follows:

*New Address (BLOCK CAPITALS)*

Eircode

*One current proof of name document, one current proof of address document and one proof of PPSN document must be included with all Change of Address requests, see note 2 below*

Signature (1)* Signature (2)* Signature (3)*

## PANEL B THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A HAS BEEN COMPLETED - see note 3

I / We, the saver(s), verify the instruction specified in Panel A.

Signature (1)* Signature (2)* Signature (3)*

**Witness:** *I confirm that the person(s) named above have signed in my presence and the account holder(s) requesting the change of address have provided original valid proof of name documentation, current proof of address documentation and original valid proof of PPSN documentation. I also confirm that the proof documentation provided has been photocopied and the photocopies have been marked as 'original sighted'.*

| | Applicant 1 | Applicant 2 | Applicant 3 |
|---|---|---|---|
| Proof of Name Type* | | | |
| Proof of Name Ref* | | | |
| Customer's Date of Birth* (as per proof documentation) | | | |

**Please note, all original proof documentation or certified[1] photocopies of original proof documentation must be returned with this form to; State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2**

WITNESS Name* (BLOCK CAPITALS)

WITNESS Address* (BLOCK CAPITALS)

Witness Contact Telephone Number*

*IMPORTANT*
*Witness Official Stamp**

WITNESS Signature*

Date* D D M M Y Y Y Y

WITNESS Occupation*

## NOTES

***1. GENERAL INFORMATION***

*Please complete the form in BLOCK CAPITALS using blue or black ink.* ***Please note, all fields containing * are mandatory fields and must be completed.*** *Where applicable your instructions should be indicated by placing an X in the preference box as follows: ☒ This application must be signed by all parties named on the account. As an exception to this, Issues 1 to 4 of the National Solidarity Bonds (10 and 4 year) have a single party withdrawal facility. Where the account holder is a minor (under 18) all withdrawals are subject to the written consent of his or her nominated parent or guardian.*

*Withdrawals from Instalment Savings, Childcare Plus Savings, Childcare Save Accounts, Pension Save Account, National Solidarity Bond, Statement Based Deposit Accounts and State Savings Account are subject to* ***7 working days*** *notice from the date of receipt. The repayment of Instalment Savings within the 12 month contribution period where lodgements are received through Direct Debit/Group Schemes may be subject to a waiting period of up to 21 days.* ***The completed form together with any original documentation or certified[1] copies of original documentation should be returned to:- State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2.***

*Your Repayment will be dispatched to you at your registered address. Please note all cheques must be lodged to a bank account in the name(s) of the payee(s).*

***We may verify your identity: (a) electronically (by reference to information supplied by you including PPSN); or (b) manually (by reference to acceptable original documentation or certified copies of original documentation supplied by you).***

***2. CHANGE OF ADDRESS***

***To change address please complete Panels A and B above. All requests for a change of address must be accompanied by original documents or certified[1] copies of original documents as follows; The account holder(s) requesting the change of address must supply ONE current proof of name document per customer named on the account, ONE current proof of address document per customer displaying the new quoted address and ONE proof of PPSN document per customer named on the account . All original documents supplied will be returned to you.***

*Your new address may be verified by forwarding original documents or certified[1] copies of any* ***ONE*** *of the following documents (which must show your new address); Current household bill, bank statement, official document from the Revenue Commissioners or the Department of Social Protection.*

*Acceptable Proof of Name includes original documents or certified copies of any* ***ONE*** *of the following - Current EU Driving Licence or Passport, National ID Card or a Public Service Card with photo. Acceptable proof of PPSN documentation includes original or certified[1] copies of any ONE of the following - P60, P45 or letter from Revenue Commissioners / Department of Social Protection.*

***3. WITNESS***

*Where Panel A has been completed; Please ensure all parties to the account sign this panel (Panel B) in the presence of an independent witness which must be any one of the following; A Post Office Official, Member of An Garda Síochána, or a practising Solicitor / Commissioner for Oaths.*

*[1]Certified Copy - You may bring the original documents to any Post Office where a Post Office Official can photocopy the original and certify it is a true copy of the original. Alternatively you can bring the original documents to a Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths where they can photocopy the original and certify it is a true copy of the original.*