



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

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.

<input checked="" type="checkbox"/> Bond Holder or <input checked="" type="checkbox"/> Parent Guardian	Bond Holder or <input checked="" type="checkbox"/> Parent Guardian
Date of Birth of Bond Holder	Date of Birth of Bond Holder
DDMMYYYYYY	DDMMYYYYYY
Signature (1)	Signature (2)
_____	_____
Date	Date
DDMMYYYYYY	DDMMYYYYYY

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 € _____

