Ireland State Savings™
NATIONAL TREASURY MANAGEMENT AGENCY

Application for Repayment of a

☐ Savings Bond ☐ Savings Certificate

CUSTOMER(S) DETAILS

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 complete Panel B overleaf)

REPAYMENT INSTRUCTION

Please note that a separate repayment application is required for <u>each</u> Savings Bond / Savings Certificate

I / We, the holder(s) of the **<u>enclosed</u>** Savings Bond / Savings Certificate No:

request repayment of:

(please place an X in ***<u>ONE</u>*** option only)

☒ The full value

<u>OR</u>

☒ Partial repayment of € , -

Have you enclosed the Savings Bond / Savings Certificate?

Holders Card No.

(where appropriate i.e. Fixed Value Savings Certificates purchased before 6th March 1986)

Do you wish to defer repayment if additional interest is due on your investment within a period of 30 days?

(please place an X *in* ***<u>ONE</u>*** *option only)* ☒ Yes <u>OR</u> No ☒

THIS SECTION MUST BE SIGNED BY ALL SAVER(S)

I / We, the saver(s) verify the repayment instruction specified above.

Signature (1) | Signature (2) | Signature (3)

Date D D M M Y Y Y Y | Date D D M M Y Y Y Y | Date D D M M Y Y Y Y

<u>OFFICIAL USE ONLY</u>

Investment doc. included:	☒	Signature check:		Batch no:		Reference no.	Principal: €
CHC:	☒	Date repaid		Data verified:			Interest: €
All additional doc. included:	☒	Date entered:		Warrant authorised:			Total €

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PANEL A LOST SAVINGS BOND / SAVINGS CERTIFICATE - see note 2 below

Place X in box to confirm ☒ **I / We, confirm that the Savings Bond / Savings Certificate referred to overleaf cannot be located.**

PANEL B CHANGE OF ADDRESS ON A SAVINGS BOND / SAVINGS CERTIFICATE - see note 3 below

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

New Address
(BLOCK CAPITALS)

Proof of new address must be included, see note 3 below.

PANEL C THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A and / or PANEL B HAVE BEEN COMPLETED - see note 4 below

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

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

Witness: The saver(s) must sign in the presence of an independent witness, who must be a Postmaster, Doctor, Clergyman, member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths.

WITNESS Name:
(BLOCK CAPITALS)

Witness Contact Telephone Number

WITNESS Address:
(BLOCK CAPITALS)

WITNESS Signature:

Date: D D M M Y Y Y Y

WITNESS Occupation:
(BLOCK CAPITALS)

Official Stamp

NOTES

1. GENERAL INFORMATION

Please complete the form in black or blue ink. Where applicable your instructions should be confirmed by placing an X in the preference box as follows: ☒. Repayment will be made by warrant / crossed cheque dispatched to your registered address. Warrants are generally issued for amounts under €5,000 and may be cashed at any Post Office subject to current encashment limits and provision of necessary documentary proof of name and address or can be lodged to your bank account. Crossed cheques must be lodged to a Bank account in the name of the payee(s).

*This application must be signed by all parties named on the Savings Bond / Savings Certificate. It is not possible to repay interest only, partial repayment must comprise of principal and interest accrued thereon. Please retain a record of your account number in case of future queries. Repayments are subject to **7 working days** notice from the date of receipt. Please note that a separate repayment application is required for each Savings Bond / Savings Certificate. **Please return the completed application form, together with your Savings Bond / Savings Certificate, to:- State Savings, Repayments Section, GPO, Dublin 1.***

2. LOST SAVINGS BOND / SAVINGS CERTIFICATE

*If the original Savings Bond / Savings Certificate cannot be located, please complete **Panel A and Panel C** above.*

3. CHANGE OF ADDRESS

*To change your address details, please complete **Panel B and Panel C** above. Proof of your new address must accompany your application for change of address. Your new address may be verified by enclosing **one** of the following **original documents** (which must show the **new** address detail); household bill, bank statement, official document from the Revenue Commissioners or the Department of Social Protection. The original documents will be returned to you.*

4. WITNESS

*Where **Panel A and / or Panel B** have been completed, please sign **Panel C** and have your signature(s) witnessed by one of the following: a Postmaster, Doctor, Clergyman, Member of An Garda Síochána or a practising Solicitor / Commissioner for Oaths.*