Ireland State Savings™
NATIONAL TREASURY MANAGEMENT AGENCY

Application for Repayment of:

☐ Childcare Plus Savings
☐ Instalment Savings
☐ Childcare Save Account
☐ National Solidarity Bond
☐ State Savings Account
☐ Deposit Account Plus (30 day notice)
☐ Pension Save Account

CUSTOMER(S) DETAILS

Please read the notes overleaf before completing this form.

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

Address (If address differs from registered account address, please complete Panel A overleaf)

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 SIGNED BY ALL SAVER(S) - see note 1 overleaf

I / We, the saver(s) verify the repayment instruction specified above and declare that all parties to this account are alive.

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

OFFICIAL USE ONLY

	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 CHANGE OF ADDRESS ON ACCOUNT - see notes 2 and 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 2 below.

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

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

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 indicated by placing an X in the preference box as follows: X. This application must be signed by all parties named on the account with the exception of National Solidarity Bonds and State Savings Accounts where a single party withdrawal facility applies to accounts registered in joint names. Where the closure of a State Savings Account is required all parties named on the account must sign the application. Withdrawals from a National Solidarity Bond or State Savings Account registered in the sole name of a child under 16 require the written consent of the parent or guardian named on the account opening application. The signature panel should be countersigned by the child's parent / guardian and their relationship to the child must also be stated.

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 Bank Account in the name of the payee(s).

*Please retain a record of your account number in case of future queries. Withdrawals from Childcare Plus Savings, Childcare Save Accounts, Pension Save Account, National Solidarity Bond and State Savings Account are subject to **7 working days** notice from the date of receipt. Withdrawals from Deposit Account Plus and the repayment of Instalment Savings (within the initial 12 month contribution period) require **30 days** notice from the date of receipt. Withdrawals from accounts receiving lodgements through Direct Debit may incur delays of up to 21 days. Please note a separate application is required for each repayment request. **Please return the completed application form, to:- State Savings, Repayments Section, GPO, Dublin 1.***

2. CHANGE OF ADDRESS

*To change address details, please complete **Panel A** and **Panel B** 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.*

3. WITNESS

Where a change of address has been requested, please 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.