

POST OFFICE SAVINGS BANK CHANGE OF ADDRESS



Account Number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Name(s):

(BLOCK CAPITALS)

| |
|-----|
| (1) |
| (2) |

Former Address:

(BLOCK CAPITALS)

| |
|--|
| |
| |

TO: CHANGE OF ADDRESS, INPAYMENTS SECTION, G.P.O., DUBLIN 1

Please alter your records to show my/our address(es) as follows*:

Where account is in joint names please indicate new address for both parties (if appropriate). Please also indicate address to which account correspondence should be sent. (ONLY ONE CORRESPONDENCE ADDRESS SHOULD BE GIVEN).

New Address:

(BLOCK CAPITALS)

| NAME 1: | NAME 2: |
|---------|---------|
| | |
| | |

Correspondence:

(BLOCK CAPITALS)

| |
|--|
| |
| |

Signature(s):

| |
|-----|
| (1) |
| (2) |

Date:

| |
|--|
| |
|--|

* Under legislation, proof of your new address must accompany all applications for change of address. Acceptable proof of your new address includes an original copy of one of the following: utility bill, driving licence, recent bank statement, pension/benefit book issued by the Department of Social & Family Affairs. The original documents, which must show your new address, will be returned to you following notation. In the case of a minor, the parent's proof of address will suffice. In the absence of acceptable documentary proof, this form must be signed by all parties to the account in the presence of an independent witness who must be one of the following: a Solicitor/Peace Commissioner, Garda, Clergyman, Doctor, An Post Official.

Name of Witness:

(BLOCK CAPITALS)

| |
|--|
| |
|--|

Business Address:

(BLOCK CAPITALS)

| |
|--|
| |
| |

Occupation of witness:

(BLOCK CAPITALS)

| |
|--|
| |
|--|

Daytime Telephone:

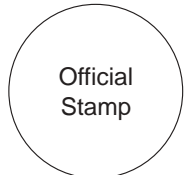
(BLOCK CAPITALS)

| |
|--|
| |
|--|

I confirm that the person(s) named above has (have) signed this form in my presence.

Signature of Witness:

| |
|--|
| |
|--|



| | | | |
|----------------------------------|----------------------------|-------------------------------|----------------------------|
| OFFICIAL USE ONLY: | | | |
| Add. Chngd. <input type="text"/> | Date: <input type="text"/> | Checked: <input type="text"/> | Date: <input type="text"/> |