



National Solidarity Bond (Series 1) Application Form



Section 1 – Savings Term (Please select one option)

4 year National Solidarity Bond 10 year National Solidarity Bond

Once this form is processed, you will be issued with a NATIONAL SOLIDARITY BOND LODGEMENT CARD.

Each applicant that has such a card may use it as follows -

(a) Lodgements at a Post Office – no more forms, simply present your lodgement card and pay by cash, personal cheque, debit card or cheque.

(b) FREEPOST postal applications – use this form (which is also available on web at www.StateSavings.ie) but no need to provide address details or documentary proof of identity, address or PPSN. Simply write your First Name, Surname and Telephone number in Section 4 below and enter your 8 digit ref. no (from the back of the lodgement card) into the Nationality field. PLEASE SIGN in the Signature panel (Section 5).

Mail completed form to FREEPOST, State Savings, GPO, Dublin 1 (no need to use a stamp)

Section 2 – Type of Account Note-For application forms for Charities, Clubs, other unincorporated bodies or Friendly Societies telephone State Savings at 1850 30 50 60

Please tick Account type required below (Tick one box only)

Sole Joint (2 people or more) Trust

Complete Section 4 Panel 1

Complete Section 4 Panel 1, 2, 3 Note - Funds can be withdrawn by any one of the account holders.

Complete Section 4 (a) Trustees – Panel 1 & 2 (b) Beneficiary - Panel 3

Consent Signature of Parent / Guardian for the Child Account

Children under 16 years can hold National Solidarity Bonds as a Sole/ Joint / Trust applicant on condition that the parent/ guardian gives written consent in this box –

Name (Block Letters)

Signature

Section 3(a) – Method of Payment

Payment Methods	Fill in Lodgement Amount	Instructions
Cash	€	Cash may only be used at Post Office counters
Personal Cheque	€	Payable to "NTMA State Savings" & crossed "Account Payee" No 3rd party cheques but those payable to account holder named in section 4 are acceptable
Debit Card	€	Post Office – Laser, Maestro, Visa Debit – with your PIN MAIL – Complete details on reverse panel of Direct Debit Mandate below. Debit Card payments are subject to the individual limit (if any) applied by your Bank.
Total Lodgement	€	

Section 3(b) – Direct Debit

If you wish to make payments by Direct Debit from your bank account please specify the monthly amount you wish to save € (whole euro – no cent). Complete the Direct Debit Mandate at bottom of this form. The amounts specified by you will be deducted from your bank account on or after the 20th day of each month.

Section 4 – Account Holder(s) Details

Panel 1 First named account holder

Panel 2 Second named account holder

Panel 3 Third named account holder

All Correspondence will be sent to this address – All fields marked with asterisk must be completed.

* First name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> YYYY	<input type="text"/> DD <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> YYYY	<input type="text"/> DD <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> YYYY
* Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Address of permanent residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
* PPS Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home tel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work tel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile no.	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous savings ref	<input type="text"/>	<input type="text"/>	<input type="text"/>

If an existing State Savings customer (with holdings of Savings Bonds, Savings Certificates, Prize Bonds, Deposit Accounts etc) enter any one of your a/c Reference numbers above to allow us to link this to your existing records

Section 5 – Declaration and Signature This must be signed by all account holders before the account can be opened

I/We (each of us if more than one is applying) have completed all Sections 1,2,3,4 & 5 on this page and 6 & 7 on the next page (OPTIONAL – You may leave next page BLANK) and agree that; this application is subject to the National Solidarity Bond (Series 1) Terms and Conditions. The National Treasury Management Agency (and An Post as its agent) may collect, process and use this personal data relating to me / us in accordance with applicable legal and regulatory obligations and in accordance with the Terms and Conditions, and confirm that I / each of us individually has not breached the maximum limit of €250,000 (Individually) or as part of a joint application.

I / We have supplied the necessary documentation (original documents or photocopies certified by a Postmaster, Garda, Solicitor or Commissioner of Oaths).

Proof of Identity (Photo ID of current Passport or current EU Driving Licence);

Proof of Address (one of the following eight documents – Electricity, telephone, gas bill or bank, building society or credit union statement issued in last 6 months or official letter from the Revenue Commissioners or Dept. of Social Protection which shows account holders name, address and PPSN issued in the last 12 months).

Proof of PPSN Personal Public Service Number – (official letter from the Revenue Commissioners or Dept. of Social Protection which shows account holders name, address and PPSN)

Signature of 1st Account Holder	Date	Signature of 2nd Account Holder	Date	Signature of 3rd Account Holder	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick box if you wish to receive marketing information on other State Savings products and services. 1st Account Holder 2nd Account Holder 3rd Account Holder

Payments by monthly Direct Debit deductions will take place after the 20th of each month

Instructions To Your Bank / Building Society To Pay Direct Debits National Solidarity Bond

FOR OFFICIAL USE ONLY

STATE SAVINGS™ ID NO. 3 0 1 0 4 6

ACCOUNT NO.

IBAN

Please complete parts 1 to 5 to instruct your Bank / Building Society to make payments directly from your Account

The Manager

1. Name of Bank / Building Society

Address of Bank / Building Society

2. Name(s) of Account Holder(s)

3. Account Number

Sort Code

4. Address of Account Holder(s)

5. Your instructions to the Bank / Building Society and Signature:

- I/We instruct you to pay Direct Debits from my/our Account at the request of State Savings™
- The amounts are unspecified and are to be debited on or after the twentieth day of each month.
- I/We understand that An Post as an agent of the NTMA may change the amount only after I/we have given prior notice to An Post as an agent of the NTMA.
- Deductions will commence in the month following the date below.
- I/We will inform the Bank / Building Society if I/we wish to cancel this instruction.
- I/We understand that if any Direct Debit is paid which breaks the terms of this instruction, the Bank / Building Society will make a refund.

Signature(s)

Date Banks/ Building Societies may decline to accept instructions to pay Direct Debits from some types of accounts.

DD This is a guarantee provided by your own bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate. If you authorise payment by Direct Debit, then (a) your direct debit originator will notify you in advance of the amount to be debited to your account (b) your bank will accept and pay such debits, provided that your account has sufficient available funds (c) if it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your bank of the amount so charged (d) you can cancel the Direct Debit instruction in good time by writing to your bank.

PTOFOR DEBIT CARD PAYMENT DETAILS

