

**Change of Address and / or**  **Change of Name for Prize Bond Holdings**

**Important** - The notes overleaf should be read before filling in this form. Please place an X in the appropriate box(es) above. Any field containing\* is a mandatory field and must be completed.

Panel A Customer Details			
Title*	First Name(s)*	Current Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSCN	Date of Birth*	Prize Bonds Customer Number*	<b>IMPORTANT:</b> Please note, your registered address and / or name will be changed on all of your Prize Bonds holdings.
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Panel B Change of Address Details – see note 3	
I request State Savings to amend my registered address as follows:	
<b>Former Address*</b> (BLOCK CAPITALS)	Any other former addresses can be noted on a separate page which should be included with this form.  Eircode <input type="text"/>
<b>New Address*</b> (BLOCK CAPITALS)	<b>IMPORTANT:</b> Please refer to note 2 overleaf regarding proof of documentation required.  Eircode <input type="text"/>

Panel C Change of Name Details – see note 4	
Former Name Details* (Block Capitals)	Title* <input type="text"/> First Name* <input type="text"/> Surname* <input type="text"/>
Former Signature*	<input type="text"/> Important: You must provide proof of your former name details by way of an original or certified <sup>1</sup> copy of, for example, EU Driving Licence or Passport, a marriage certificate, deed poll certificate or decree absolute (in the case of a divorce).
New Name* (Block Capitals)	Title* <input type="text"/> First Name* <input type="text"/> Surname* <input type="text"/>
New Signature*	<input type="text"/> Important: All requests for a change of name must be accompanied by original documents or certified <sup>1</sup> copies of original documents as per note 4.

Panel D Panel Must Be Signed by Holder and Witnessed – see note 5			
<b>Declaration and Signature:</b> Please sign below to confirm you have read and accept the General Terms and Conditions and the most Specific Conditions including the use of your PPSN. Please sign and date. I request you to amend my name and / or address details, as per Panel B and / or C above.			
Signature*	Date*	Nominated Parent/Guardian Signature (where customer is a minor, under 18)	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Witness</b>			
I confirm that the person named above has signed in my presence and has provided current and valid proof of name documentation (for both their former name and new name if changing name) and two current and valid proof of address documents (not older than 6 months) displaying the new quoted address. I also confirm that the proof documentation provided has been photocopied and the photocopies have been marked as 'original sighted' and are enclosed with this form.			
Witness Name* (Block Capitals)	Witness Address* (Block Capitals)		Witness Contact Tel. No*
<input type="text"/>	<input type="text"/>		<input type="text"/>
Witness Signature*	Eircode	<b>Important</b> <b>Witness Official Stamp*</b>	
<input type="text"/>	<input type="text"/>		
Witness Occupation* (Block Capitals)	Date*		
<input type="text"/>	<input type="text"/>		
Please note, all relevant photocopies of proof documentation must be certified by an independent witness, stamped and returned along with this form to: State Savings, FREEPOST, Prize Bonds, FEXCO Centre, Killorglin, Co. Kerry, V93 WN9T.			

## IMPORTANT NOTES - To be read before filling out this form

### 1. GENERAL INFORMATION

Please complete the form in BLOCK CAPITALS using blue or black ink and return the completed form together with the original or certified<sup>1</sup> copies of proof documentation to: State Savings, FREEPOST, Prize Bonds, FEXCO Centre, Killorglin, Co. Kerry, V93 WN9T. Please note, all fields containing \* are mandatory fields and must be completed. The Change of Address/Name form for Deposits/Fixed Term State Savings Products should be completed and sent to: State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01F5P2. Both forms are available for download at [www.statesavings.ie](http://www.statesavings.ie) or on request by calling 0818 20 50 60 / 01 705 7200.

### 2. STATE SAVINGS CUSTOMER NUMBER (SSCN)

The State Savings Customer Number (SSCN) is a unique customer number that identifies you and enables you to transact with us easily. Your SSCN may be printed on correspondence you receive from us. See [www.statesavings.ie/SSCN](http://www.statesavings.ie/SSCN) for more details.

### 3. CHANGE OF ADDRESS

Please ensure you supply details of your former address as well as your new address. All requests for a change of address must be accompanied by original documents or certified<sup>1</sup> copies of original documents as follows; ONE current and valid proof of name document and TWO current and valid proof of address documents (not older than 6 months) displaying the new quoted address. All original documents supplied will be returned to you. Should you have any queries or difficulty in providing this documentation, please contact us on 0818 20 50 60 / 01 705 7200.

### 4. CHANGE OF NAME

Please ensure you supply details of your former name as well as your new name. You must provide proof of your former name details by way of an original or certified<sup>1</sup> copy of, for example, EU Driving Licence or Passport, a marriage certificate, deed poll certificate or decree absolute (in the case of a divorce). As a change of name will necessarily invoke a change of signature you must provide a sample signature. All requests for a change of name must be accompanied by original documents or certified<sup>1</sup> copies of original documents as follows; ONE current and valid proof of name document (confirming your new name details) and TWO current and valid proof of address documents (not older than 6 months). All original documents supplied will be returned to you. Should you have any queries or difficulty in providing this documentation, please contact us on 0818 20 50 60 / 01 705 7200.

### 5. SIGNATURE & WITNESS

Please ensure that you sign this panel in the presence of an independent witness which must be any one of the following; A Post Office Official, Member of An Garda Síochána, or a practising Solicitor / Commissioner for Oaths.

Acceptable proof of address documentation includes original or \*certified copies of any TWO of the following: Current (not older than 6 months) and valid Household bill (electricity, telephone, gas), Bank, Building society or Credit Union statement, official document from the Revenue Commissioners or the Department of Employment Affairs and Social Protection. Acceptable proof of name documentation includes original or certified copies of any ONE of the following: Current and valid EU Driving Licence or Passport. All original documents will be returned to you.

**Please ensure that all of the required proof documentation has also been appropriately witnessed as set out in Panel D We may verify**

**your identity:** (a) electronically (by reference to information supplied by you including PPSN); or (b) manually (by reference to acceptable original or certified copy documentation supplied by you).

<sup>1</sup>Certified Copy - You may bring the original documents to any Post Office where a Post Office Official can photocopy the original to certify it is a true copy of the original. Alternatively you can bring the original documents to a Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths where they can photocopy the original and stamp it to certify it is a true copy of the original.

## Notes on Evidence of Identity and Personal Data

### 1. EVIDENCE OF IDENTITY

You are required to confirm your identity to us (including your surname, first name, date of birth and Address) for the purposes of:

- the Agreement (including any Transaction);
- the administration of your Product(s) and any other State Savings Product(s) that you may hold now or in the future, and
- associated legal purposes, including compliance with statutory anti-money laundering obligations and account security and fraud prevention.

We may verify your identity:

- electronically (by reference to information supplied by you, including your Personal Public Service Number (PPSN)); or
- manually (by reference to acceptable original or certified copy documentation supplied by you, which may include documents such as your current passport, current EU driving licence, recent utility bill, recent account statement from a bank, building society or credit union, and/or your Public Services Card or other official documentation issued to you by the Revenue Commissioners or the Department of Employment Affairs and Social Protection).

Where you have not provided evidence of your identity to our satisfaction, we will advise you and we will not proceed with your request until evidence of your identity has been verified to our satisfaction.

### 2. PERSONAL DATA

The NTMA is the Data Controller (for the purpose of the General Data Protection Regulation (GDPR)) for all personal data supplied by you. The Minister for Finance and the NTMA are each a 'specified body' for the purposes of sections 262 to 270 and schedule 5 of the Social Welfare Consolidation Act 2005, as amended, under which the NTMA and the Minister for Finance are both authorised to process personal data including PPSNs for certain purposes.

We will collect, process and use personal data relating to you, including your PPSN and the information referred to in Note 1 (Evidence of Identity):

- as necessary for the performance of the Agreement (including any Transaction);
  - for the administration of your Product(s) and any other State Savings Product(s) that you may hold now or in the future, and
  - for associated legal purposes, including compliance with statutory anti-money laundering obligations and account security and fraud prevention.
- You acknowledge the collection, processing and use of your personal data (including your PPSN) for the purposes as outlined above.

Personal data may be processed by us, our Agents, and any third party service providers acting on our behalf for the purposes of the Agreement and for associated legal purposes and for any other purpose required for or reasonably incidental to the performance of the Agreement.

We will retain your personal data for as long as you have a holding with the State Savings and otherwise in accordance with applicable data protection law and statutory obligations (including under anti-money laundering legislation).

Subject to your consent, your personal data may be used by us, or our Agents, for the purpose of marketing State Savings Products. Where you hold more than one Product, the preferences indicated most recently by you will apply to all Products held by you to which the General Terms and Conditions apply.

You have the right to request access to and a copy of your personal data held by us in accordance with the GDPR, to have your personal data corrected where it is inaccurate or misleading, to have your personal data erased, to object to the processing of your personal data by us, to request data portability in relation to your personal data. Should you wish to avail of any of these rights, please contact the Data Protection Officer, State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2.

You also have the right to lodge a complaint with the Office of the Data Protection Commissioner. See [www.dataprotection.ie](http://www.dataprotection.ie) for more information.