



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

Complete Section 4

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

Note - Funds can be withdrawn by any one of the account holders.

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 Debit Card Payment Mandate available on web at StateSavings.ie 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 available on web at StateSavings.ie

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

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

Note – Completion of this page is optional - you may leave Section 6 & 7 blank

Section 6 – Rules for the operation of the linked State Savings Account (SSA)

If you do not complete this Section we will automatically invest your funds in a 4 year National Solidarity Bond for you when the amount of your periodic savings in your State Savings Account reaches €100. This is the option at 6.2(b) (i) below.

For all applicants we will automatically open an interest bearing State Savings Account (SSA minimum lodgement is €1) in your name(s), operated by An Post. This account is used to receive payments connected to the National Solidarity Bond in **three** ways –

1. **To accept monthly Direct Debit receipts**
2. **To facilitate periodic savings so that you can accumulate enough money to meet the minimum savings amount of €100.**

If the total lodgement under Section 3(a) or 3(b) is less than the minimum €100 then it will be placed in your linked State Savings Account in your name(s). If you wish **we** can check the balance in your State Savings Account daily and as soon as it reaches €100 or more (your choice at 6.2 (b) below), excluding interest, bonus, principal payments, we can use those funds to automatically buy either the 4 year or the 10 year National Solidarity Bond in your name(s) according to your choice. Tick box 6.2(a) or 6.2(b) -

6.2(a) Leave all funds in my / our State Savings Account (SSA) and I / we will instruct you what to do with these SSA funds

or

6.2(b) Automatically Check the balance in the SSA each day and if my / our funds in the SSA reach a level of € _____ (if you leave blank the minimum purchase amount of €100 will be selected)

Choose one of the following -

- (i) Automatically purchase the **4 YEAR NATIONAL SOLIDARITY BOND** for me/us
- (ii) Automatically purchase the **10 YEAR NATIONAL SOLIDARITY BOND** for me/us

3. **Annual interest, bonus and principal payments on maturity are automatically paid into this account.** You can make alternative choices in Section 7 below.

Section 7 – Repayment Instructions (annual interest, principal or bonus payments on Maturity) - tick 7.1 or 7.2 or 7.3

If you do not complete this Section we will automatically pay into your interest bearing State Savings Account.

You may have your payments made into your interest bearing State Savings Account or to designate a sole or joint external Irish bank, building society or credit union account (in your name) into which we can pay you. Choose one of the following

- (7.1) Pay into my / our interest bearing State Savings Account
or
- (7.2) Pay into my / our external bank account (or building society or credit union) detailed on the green panel to the right.
or
- (7.3) Pay me / us by cheque to the registered address of Account Holder 1 (as detailed in Panel 1 Section 4 on previous page)

On maturity (or at any other time with 7 days notice) you can request full or partial repayment of the current value of your savings.

Children under 16 will always need the written consent of their parent or guardian (named on right side of Section 2 on previous page) to withdraw money from accounts in their sole name. If a child is a joint applicant with an adult over 16 years, the adult can withdraw the funds at any time but children under 16 will always need the written consent of the parent / guardian or the consent of the other party in the joint holding to withdraw their money. For all other joint accounts any one of the parties may withdraw the money without the permission of the other.

For more information on State Savings™

Web: StateSavings.ie Telephone: 1850 30 50 60
Email: Service@StateSavings.ie SMS Text: 0852 30 50 60
Visit: any Post Office Address: State Savings, GPO, Dublin 1

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)	_____
BIC (Bank Identifier Code)	_____
IBAN	_____

For Official Use Only

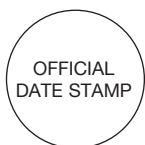
Please endorse all cheques with account reference number. Legible photocopies of all documentation provided by each customer for verification as necessary are attached (where copying facilities are available)

1st Account Holder	2nd Account Holder	3rd Account Holder
Proof of Name - Document Type & Reference Number	Proof of Name - Document Type & Reference Number	Proof of Name - Document Type & Reference Number
Name /	Name /	Name /
Address /	Address /	Address /
PPSN /	PPSN /	PPSN /

I confirm that I have verified the Name, Address and PPSN for each of the named customers in accordance with Official Internal Procedures.

_____ AFFIX BARCODED LABEL HERE

Officer's Signature _____
Office Name _____
Date _____ GROF



Account No. _____ (internal use)