Ireland State Savings™
NATIONAL TREASURY MANAGEMENT AGENCY

Ordinary Deposit Account (with deposit book)
Notice of Withdrawal

CUSTOMER(S) DETAILS

Please read the notes overleaf before completing this form.

(1) Title | First Name(s) | Surname | Contact Telephone Number

(2) Title | First Name(s) | Surname | Contact Telephone Number

(3) Title | First Name(s) | Surname | Contact Telephone Number

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

WITHDRAWAL INSTRUCTION

Your Deposit Book must be enclosed with this form.

I / We, the holder(s) of the account no. _____ wish to withdraw € _____,_____,_____-__

OR

If you wish to ***close*** the account please place an X in box ☐

THIS SECTION MUST BE SIGNED BY ALL ACCOUNT HOLDERS – see note 1 overleaf

I / We, verify the withdrawal 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

Deposit Book included: ☐
CHC: ☐
All additional doc. included: ☐

Signature check: _____
Date entered _____
Data verified: _____

Batch no: _____
Warrant authorised: _____
Date: _____

Ireland State Savings™
NATIONAL TREASURY MANAGEMENT AGENCY

PANEL A CHANGE OF ADDRESS - see notes 2 & 3 below

I / We, request you to amend my/our address on Account No. **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 confirmed by placing an X in the preference box as follows: ☒. This application must be signed by all parties named on the account except in the case of special joint accounts where a single party signature authorisation has been completed by the account holders.

Withdrawals 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 a Bank account in the name of the payee(s).

*Please retain a record of your account number in case of future queries. Withdrawals are subject to **7 working days** notice from the date of receipt.*
Please return the completed Notice of Withdrawal form, together with your Deposit Book, 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 document(s) 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.