

Deletion of Name to a Book Based Deposit Account

IMPORTANT - The notes overleaf should be read before filling in this form. Any field containing* is a mandatory field and must be completed.

PANEL A EXISTING CUSTOMER(S) DETAILS

Deposit Account Number*

IMPORTANT - Please note that for deletion of name requests the actual Deposit Book must be included with your request.

(1) Title* First Name* Surname*

Contact Telephone Number*

(2) Title* First Name* Surname*

Contact Telephone Number*

PANEL B NAME TO BE REMOVED FROM THE DEPOSIT ACCOUNT - see note 2

Title* First Name* Surname* Date of Birth*

Address (BLOCK CAPITALS)*

Contact Telephone Number*

Declaration and Signature for person to be removed from to the Deposit Account*: Please sign below to confirm you wish to be removed from this Deposit Account. Eircode

Signature Date*

If you hold State Savings Products please quote an account number:

Nominated Parent/Guardian Signature (where person named to be removed from the Deposit Account is a minor, under 18)

Signature Date*

IMPORTANT - Please note that by deleting your name from this account you are no longer a joint account holder and as such you have no ownership to any of the funds on deposit.

PANEL C THIS PANEL MUST BE SIGNED BY ALL HOLDERS AND WITNESSED - see note 3

Declaration and Signature: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of Identity and Personal Data. Please sign and date.

Signature (1)*

Signature (2)*

Witness

I confirm that the person(s) named in Panel A and Panel B have signed in my presence and have provided ONE original valid and current proof of name document each. 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 along with the original Deposit Book.

Witness Name* (BLOCK CAPITALS)

Witness Contact Tel. No*

Witness Address*

Witness Signature*

Eircode

Witness Occupation* (BLOCK CAPITALS)

Date*

*IMPORTANT
Witness Official Stamp**

Please note, all relevant photocopies of proof documentation must be certified¹ by an independent witness, stamped and returned along with this form to: State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01 F5P2.



IMPORTANT NOTES - To be read before filling in 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 certified¹ copies of proof documentation to:- State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01F5P2. Please note, all fields containing * are mandatory fields and must be completed. Should you have any queries you can contact us on 0818 20 50 60 / 01 705 7200.

2. PANEL B - DELETION OF NAME

If you wish to delete a name from your existing Deposit Account, please complete **all panels** on this form. Any application for repayment must be completed by all parties named on the account. The proceeds of an account or a State Savings product registered in joint names are deemed to be the joint personal property of all the parties named on the account. Please ensure the original Deposit Book is returned to the address above with this fully completed form.

All deletion of name requests must be accompanied by original documents or certified¹ copies of original documents, for all persons named on the State Savings product/account, as follows; **ONE current and valid proof of name document**. All original documents supplied will be returned to you. Please note that remaining customers named on the State Savings product/account may also need to provide proof of address documentation as part of this request and State Savings may contact you directly regarding this.

3. PANEL C - SIGNATURE & WITNESS

Please ensure all current holders of the product/account 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 name documentation includes original or certified¹ copies of any **ONE** of the following: Current and valid EU Driving Licence or Passport.

Please ensure that all of the required proof documentation has also been appropriately witnessed as set out in Panel C.

¹Certified 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 certified¹ 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 for more information.