



Application Form for Variable Rate Deposit Account With Pass-Book (Deposit/Withdrawals in Post Offices)

Variable Interest Rate subject to change by the Minister for Finance acting through the NTMA.
Rates Effective 24 January 2021

Section 1 – Post Office Savings Bank Deposit Accounts are subject to maximum limit of €250,000 per individual

Deposit Account with Pass Book - Account can be operated by a child aged 7 or over without the consent of the nominated Parent/Guardian. (Deposit/Withdrawals in Post Offices)



Section 2 – State Savings Products you may hold

If you are an existing State Savings customer please enter any one of the reference numbers of your holdings and the product type below.

	Reference number for First Named Holder	Reference number for Second Named Holder
Existing Account Number	<input type="text"/>	<input type="text"/>
Existing Product Type	<input type="text"/>	<input type="text"/>

Section 3 – Type of Holder

Note – this form is for sole and joint accounts. For other application forms telephone 0818 20 50 60 / 01 705 7200.

Sole Complete Section 4 Panel 1
 Joint Complete Section 4 Panels 1, 2
 Child under 7 yrs

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

Consent Signature of nominated Parent/Guardian

Name (Block Letters)
 Signature

Section 4 – Holder(s) Details

All fields marked with * are mandatory. To notify State Savings of a change of address, you **must** complete and return a Change of Address form before proceeding with your application.

	Panel 1 First named holder	Panel 2 Second named holder	All Correspondence will be sent to the address in Panel 1
SSCN	<input type="text"/> See page 3 of main brochure.	<input type="text"/> See page 3 of main brochure.	
* Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	
* First name(s)	<input type="text"/>	<input type="text"/>	
Middle name	<input type="text"/>	<input type="text"/>	
* Surname	<input type="text"/>	<input type="text"/>	
* PPSN	<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	
* Address line 1	<input type="text"/>	<input type="text"/>	
* Address line 2	<input type="text"/>	<input type="text"/>	
Address line 3	<input type="text"/>	<input type="text"/>	
* County	<input type="text"/>	<input type="text"/>	
Eircode	<input type="text"/>	<input type="text"/>	
Contact Phone no.	<input type="text"/>	<input type="text"/>	
E-mail address	<input type="text"/>	<input type="text"/>	

Section 5 – Method of Payment

All fields marked with * **must** be completed in order to purchase State Savings Products.

Payment Methods	Fill in Purchase Amount	Payment Methods	Fill in Purchase Amount	*Source of Funds (Please tick appropriate option below)
Cash	€ <input type="text"/>	Personal Cheque	€ <input type="text"/>	<input type="checkbox"/> Personal Savings <input type="checkbox"/> Other – Please specify
Debit Card	€ <input type="text"/>	Total	€ <input type="text"/>	<input type="checkbox"/> Inherited Funds

(Cheques to be made payable to NTMA State Savings)

Section 6 – Checklist for Documentation required for First Time Purchases

Please see notes overleaf.

Please refer to StateSavings.ie for further details or contact 0818 20 50 60 Monday to Friday

Completed Application Form Proof of Name Proof of Address Proof of PPSN

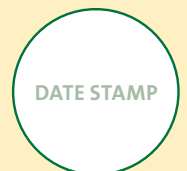
Section 7 – Declaration and Signature

I/We have read and accept the notes 1 to 3 on the reverse of this application form and agree to the use of my/our PPSN. I/We acknowledge that this account is operated pursuant to the POSB Regulations, 1921 (as amended). Please sign and date.

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

FOR OFFICIAL USE ONLY

Receipt No. GROF
 Office Name
PLEASE ENDORSE ALL CHEQUES WITH THE RECEIPT NUMBER
 Signature of Officer:
 Date:



Important –

Before completing this Application Form and in particular Section 7
“Declaration and Signature” you must read the Notes 1, 2 and 3 below.

NOTES

1. Evidence of Identity

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

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

1.2 We may verify your identity:

- (a) electronically (by reference to information supplied by you, including your Personal Public Service Number (PPSN)); or
- (b) 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, Public Services Card or other official documentation issued to you by the Revenue Commissioners or the Department of Employment Affairs and Social Protection).

1.3 Where you have not provided evidence of your identity to our satisfaction, we will advise you and we will not proceed with your application to purchase the Product until evidence of your identity has been verified to our satisfaction. For the avoidance of doubt, no interest, bonus or other amount shall accrue in respect of a Product during the period when evidence of identity is being verified under this condition.

2. Personal Data

2.1 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.

2.2 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):

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

2.3 You acknowledge the collection, processing and use of your personal data (including your PPSN) for the purposes as outlined in 2.2.

2.4 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.

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

2.6 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.

2.7 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 Privacy Office, 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.

3. Registers

3.1 Once your application to purchase a Product has been accepted and evidence of your identity has been provided to our satisfaction under Note 1 (Evidence of Identity), we will record your name(s) and the Principal Amount of the Product in the Register applicable to that Product, which Register shall be the official record of the Holder(s) and the Principal Amount of that Product.

3.2 We will not be responsible for any delay that may arise in the processing of your application to purchase due to you submitting an incomplete application or you failing to provide evidence of identity to our satisfaction under condition 1 (Evidence of Identity). In particular, you should note any such delay caused by you may mean that by the time the process referred to in condition 3.1 has been completed, the Product that you applied to purchase may no longer be available. In this event, we will contact you to request your new instructions.

3.3 The Registers may be in paper form or electronic form or partly in one form and partly in the other form, in each case, at the absolute discretion of the NTMA.