



Application for Repayment of:

Savings Bond Savings Certificate National Solidarity Bonds
 (Issue 5 onwards only)

CUSTOMER(S) DETAILS - Any field containing * is a mandatory field. Please note evidence of identity may be required.

IMPORTANT - 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*

Address* (If address differs from registered account address, please ensure Panels B and C are completed overleaf)

Eircode

REPAYMENT INSTRUCTION

Please note that a separate repayment application is required for each Savings Bond / Savings Certificate / National Solidarity Bond

I / We, the holder(s) of the enclosed National Solidarity Bond / Savings Bond / Savings Certificate No.*

request repayment of:
 (please place an X in **ONE** option only)* The full value **OR** Partial repayment of € , , -

WARNING - Have you enclosed the National Solidarity Bond / Savings Bond / Savings Certificate? If not this will delay your repayment request.

Do you wish to defer repayment if additional interest is due on your investment within a period of 30 days?* Yes **OR** No

THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL HOLDER(S) - see note 1

Please sign below to confirm you have read and understand the notes overleaf and enclosed document on Evidence of Identity and Personal Data. Please sign and date. I/We instruct State Savings to complete my/our chosen request as set out above.

Signature 1* Date of Birth* Date*

Signature 2* Date of Birth* Date*

Nominated Parent/Guardian where account holder is a minor (aged less than 18)

First Name(s) Surname Signature

Investment Doc included: **OFFICIAL USE ONLY** Principal: €
 CHC: Signature check: Date repaid: Interest: €
 All additional doc. included: Total: €



PANEL A LOST SAVINGS BOND /SAVINGS CERTIFICATE / SOLIDARITY BOND - see note 3 and 4

Place X in box to confirm I / We, confirm that the National Solidarity Bond / Savings Bond / Savings Certificate referred to overleaf cannot be located.

PANEL B CHANGE OF ADDRESS ON ACCOUNT - see notes 2 and 4

I / We, request you to amend my/our address as follows:

New Address (BLOCK CAPITALS)

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| | Eircode | | | | | |
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Signature (1) * _____ Signature (2)* _____

PANEL C THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A and/or PANEL B HAVE BEEN COMPLETED - see note 4

I / We, the holder(s), verify the instruction specified in Panel A and / or Panel B.

Signature (1)* _____ Signature (2)* _____

Witness: I confirm that the holders(s) named above have signed in my presence and the holder(s) have provided current and valid proof of name documentation and two current and valid original proof of address documents (not older than 6 months) displaying the new quoted address. Please refer to Note 4 for acceptable ID documents. 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.

| | | |
|---|-------------|-------------|
| Proof of Name Type* | Applicant 1 | Applicant 2 |
| Proof of Name Ref* | Applicant 1 | Applicant 2 |
| Customer's Date of Birth* (as per proof documentation) | Applicant 1 | Applicant 2 |

Please note, all original proof documentation or certified* photocopies of original proof documentation must be returned with this form to; State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2

| | |
|---|--|
| WITNESS Name* (BLOCK CAPITALS) WITNESS Address* (BLOCK CAPITALS) | Witness Contact Telephone Number* |
| WITNESS Signature* | <div style="border: 1px solid black; padding: 10px; opacity: 0.5;"> IMPORTANT Witness Official Stamp* </div> |
| WITNESS Occupation* | |

Date*

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IMPORTANT NOTES - To be read before filling out this form

1. GENERAL INFORMATION
 Please complete the form in BLOCK CAPITALS using black or blue ink. Please note, all fields containing * are mandatory fields and must be completed. This application must be signed by all Holders named on the account. Repayment requests are subject to 7 working days notice from the date of receipt.
 Your Repayment will be dispatched to you at your registered address. Please note all cheques must be lodged to a bank account in the name(s) of the payee(s). Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. If you have not previously provided evidence of your identity to our satisfaction we will advise you and we will not proceed with the processing of your requested Repayment until evidence of your identity has been received and verified by State Savings. 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.
 The completed form together with any original documentation or certified* copies of original documentation should be returned to:- **State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2.**

2. CHANGE OF ADDRESS
 All requests for a change of address must be accompanied by original documents or certified* 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. Acceptable proof documentation is listed in Note 4.

3. LOST DOCUMENT
 All reports of an Investment document as lost/stolen must be accompanied by original documents or certified* copies of original documents, from all holders, as follows; **ONE** current and valid proof of name document and **TWO** current and valid proof of address documents (not older than 6 months). Acceptable proof documentation is listed in Note 4.

4. WITNESS PANEL & ACCEPTABLE ID DOCUMENTATION
 Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. In the event that **Panel A or B** have been completed please ensure that you complete and sign **Panel C**. Please also ensure that all necessary proof documentation has been appropriately witnessed, as set out in Panel C, by 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 one 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.

5. PERSONAL DATA
 The NTMA is the data controller (for the purposes of the Data Protection Acts 1988 and 2003 and, with effect from 25 May 2018, the General Data Protection Regulation (GDPR)) for all personal data supplied by you. For further information on our General and Specific Terms and Conditions, including the collection and processing of your personal data, please contact us at 0818 20 50 60 / 01 705 7200 or at service@statesavings.ie. Please note we can also supply you with a specific information document with regard to our Evidence of Identity and Personal Data policies upon request. This document is also available at your local Post Office.

*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.