



## Ordinary Deposit Account (with deposit book) Notice of Withdrawal

**CUSTOMER(S) DETAILS** - Any field containing \* is a mandatory field and must be completed

*Please read the notes overleaf before completing this form.*

(1) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	Eircode
<input type="text"/>	<input type="text"/>

**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 COMPLETED AND SIGNED BY ALL SAVER(S) - see note 1**

I/We, the saver(s), verify the repayment instruction specified above and declare that all parties to this account are alive and accept the use of the PPSN for customer identification.

Signature 1*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature 2*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Nominated Parent/Guardian where account holder is a minor (aged less than 18) - See note 1**

First Name(s)	Surname	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

**OFFICIAL USE ONLY**

Deposit Book included:	<input checked="" type="checkbox"/>		Principal: € <input type="text"/>
CHC:	<input checked="" type="checkbox"/>	Signature check: _____	Interest: € <input type="text"/>
All additional doc. included:	<input checked="" type="checkbox"/>	Date repaid: _____	Total: € <input type="text"/>



**PANEL A CHANGE OF ADDRESS - see notes 2 below**

I / We, request you to amend my/our address on Account No. \_\_\_\_\_ to: \_\_\_\_\_

New Address (BLOCK CAPITALS) \_\_\_\_\_ Eircode \_\_\_\_\_

One current proof of name document, one current proof of address document and one proof of PPSN document must be included with all Change of Address requests, see note 2 below

**PANEL B THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A HAS BEEN COMPLETED**

I / We, the saver(s), verify the instruction specified in Panel A

Signature (1)\* \_\_\_\_\_ Signature (2)\* \_\_\_\_\_

Witness I confirm that the person(s) named above have signed in my presence and the account holder(s) requesting the change of address have provided original valid proof of name documentation, current proof of address documentation and original valid proof of PPSN documentation. I also confirm that the proof documentation provided has been photocopied and the photocopies have been marked as 'original sighted'.

**SIGNATURE & WITNESS**  
Please ensure all parties to the 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.

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) \_\_\_\_\_

*IMPORTANT*  
Witness Official\*

**NOTES**

**1. GENERAL INFORMATION**  
Please complete the form in black or blue ink. All fields containing \* are mandatory. Where applicable your instructions should be confirmed by placing an X in the preference box as follows: X 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. Where the account holder is a minor (Under 18) all withdrawals are subject to the written consent of his or her nominated parent or guardian.

A Repayment request from an Ordinary Deposit Account is subject to 7 working days notice. The completed form together with your deposit book and any original documentation or certified copies of original documentation should be returned to:- State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2. Please retain a record of your account number in case of future queries.

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). We may verify your identity: (a) electronically (by reference to information supplied by you including PPSN); or (b) manually (by reference to acceptable original documentation or certified copies of original documentation supplied by you).

**2. CHANGE OF ADDRESS**  
To change address please complete Panels A and B above. All requests for a change of address must be accompanied by original documents or certified copies of original documents as follows; The account holder(s) requesting the change of address must supply ONE current proof of name document, ONE current proof of address document (displaying the new quoted address), and ONE proof of PPSN document. All original documents supplied will be returned to you.

Your new address may be verified by forwarding original documents or certified copies of any ONE of the following documents (which must show your new address); Current household bill, bank statement, official document from the Revenue Commissioners or the Department of Social Protection.

Acceptable Proof of Name includes original documents or certified copies of any ONE of the following - Current EU Driving Licence or Passport, National ID Card or a Public Service Card with photo. Acceptable proof of PPSN documentation includes original or certified copies of any ONE of the following - P60, P45 or letter from Revenue Commissioners / Department of Social Protection.

\*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.