

Lost/Stolen Deposit Book Report

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 CUSTOMER(S) DETAILS			
(1) Title*	First Name*	Surname*	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Title*	First Name*	Surname*	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address (as per POSB book)*			Contact Telephone Number*
<input type="text"/>			<input type="text"/>
			Eircode
			<input type="text"/>
Previous Address (as per POSB book)			Eircode
<input type="text"/>			<input type="text"/>
Former Name Details (if applicable)	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number (if known)	<input type="text"/>	Book Status	Lost <input type="checkbox"/> Stolen <input type="checkbox"/>
Approximate date when last used	<input type="text"/>	Approximate balance in book	€ <input type="text"/> , <input type="text"/> , <input type="text"/> - <input type="text"/>
Any other existing State Savings account numbers (excluding Prize Bonds)	(1) <input type="text"/>	(2) <input type="text"/>	(3) <input type="text"/>

PANEL B THIS PANEL <u>MUST</u> BE SIGNED BY <u>ALL</u> HOLDERS AND WITNESSED	
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. Should the Deposit Book be located you must contact State Savings immediately.	
Signature (1)*	Signature (2)*
<input type="text"/>	<input type="text"/>
Witness I confirm that the holders(s) named above have signed in my presence and have provided current and valid proof of name documentation and two current and valid proof of address documents (not older than 6 months). 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.	
Witness Name* (BLOCK CAPITALS)	Witness Contact Tel. No*
<input type="text"/>	<input type="text"/>
Witness Address* (BLOCK CAPITALS)	
<input type="text"/>	
Witness Signature*	Eircode
<input type="text"/>	<input type="text"/>
Witness Occupation* (Block Capitals)	Date*
<input type="text"/>	<input type="text"/>
<p>Please note, all relevant photocopies of proof documentation must be certified by an independent witness, stamped and returned along with this form to: State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01 F5P2.</p>	

*IMPORTANT
Witness Official Stamp**



IMPORTANT NOTES - To be read before filling out 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. This form is also available for download at www.statesavings.ie or on request by calling 0818 20 50 60 / 01 705 7200.

2. SIGNATURE & WITNESS

Please ensure all parties to the account sign Panel B 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.

All reports of a lost/stolen deposit book must be accompanied by original documents or certified¹ 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. 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. **All account holders named on the account must supply this proof documentation.**

Acceptable proof of address documentation includes original or *certified copies of any **TWO** 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.

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

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:

- (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.

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, 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):

- (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.

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.